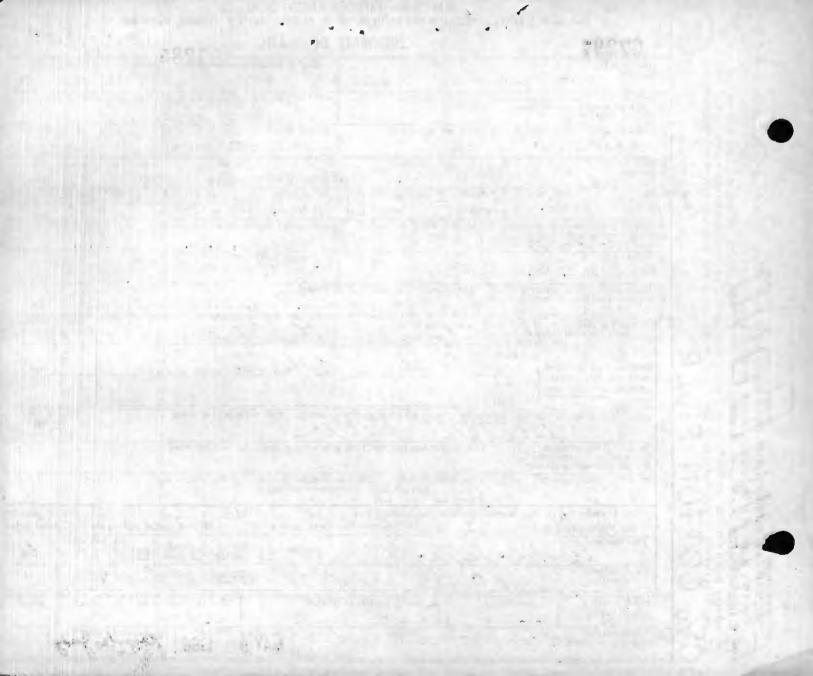
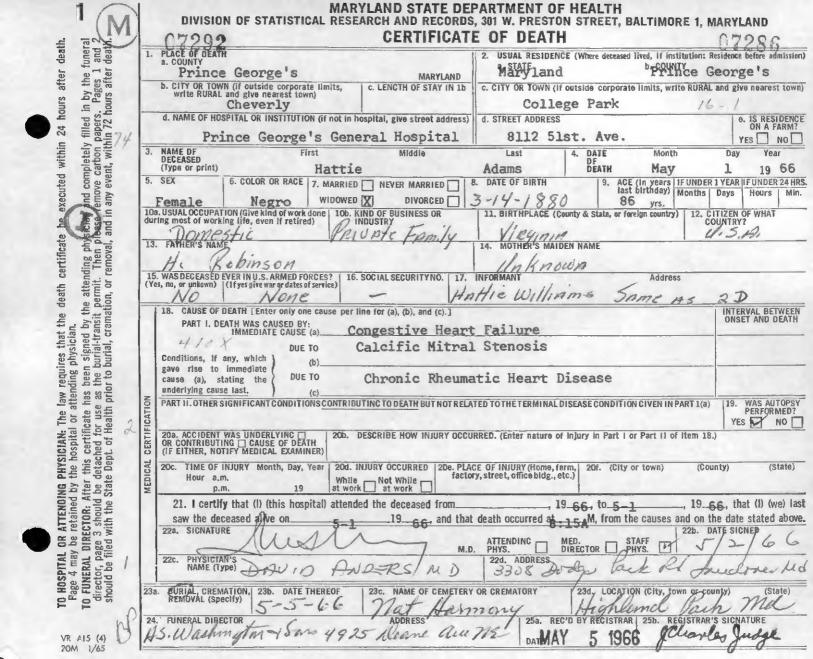
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offe f	9 4	b. CITY OR TOWN (If outsid write RURAL and give n	e corporote limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside carparal	e limits, write RURA	L and give neares	t tawn)
by	ag single	Cheverly						vard H	eights	16	. /
24 hr	papers. Pag	d. NAME OF HOSPITAL OR II					d. STREET ADDRESS	6			e. IS RESIDENCE ON A FARM?
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ecuted with	carbon ent, wit	DECEASED (Type or print)	John	n	L.		Abendschein	OF DEATH	May	Day 4	1966
cecute	Tany event,		OR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		8 DATE OF BIRTH March 3, 19		AGE (In years Ligst birthday) yrs.	Months Days	Hours Min.
ate be ex	nen please rema	10a. USUAL OCCUPATION (Give k during most of working life, even rianager - Vak	ind of work done	10b. Ki	ND OF BUSINESS OR DUSTRY	رب	11. BIRTHPLACE (County Washingto	& State, or for	eign country)	12. CITIZEN OF COUNTRY?	WHAT
certific	Then premayal,	13. FATHER'S NAME Frederick P.	Abendso	chein			14. MOTHER'S MAIDEN N Ruth E. N				
death.	<u> </u>	15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes g			SOCIAL SECURITY NO.		informant ibel R. Abend	lschei	Address n 3204 F		Drive
that the an. by the a	nat	18. CAUSE OF DEATH (Er PART I. DEATH WAS	nter anly and cause CAUSED BY: MMEDIATE CAUSE (c	4	(a) (b), and (c).)	ry	Throm	box	cò		ERVAL BETWEEN SET AND DEATH
equires physicie sianed	burial- burial,	Canditians, if any, which rise to immediate cause stating the underlying callst.	(0),	0) /	orona	ry-	atheron	9cler	** in		3-y-
The la	es €	PART II. OTHER SIGNIFICAL	NT COMPITIONS COL	NTRIBUTING 1	O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CON	IDITION GIVE	IN PART 1(g)		WAS AUTOPSY PERFORMED? ES NO 🔀
G PHYSICIAN: The law re the haspital or attending rithis certificate has been	d far of He	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS	E OF DEATH	205. DE	SCRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in I	Port I or Port	Il of item 18.)		
G PHY the ha	detac e Der	20c. TIME OF INJURY Mor		20d. If While at war	VJURY OCCURRED Not While at work	20e. PL fa	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.)	, 20f.	(City or town)	(County)	(State)
TTENDING ained by th	S	21. I certify that saw the decease			ded the deceased	fram_	of death accurred at	913, to	from causes o	P , 1966 , th	nat (I) (we) la
O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A	3 shard with 1	220. SIGNATURE	uKS	Pel	le Mi	. 4	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	
ro Hospital (Page 4 may b		22c. PHYSICIAN'S NAME (Type)	FRANK	5.	Peliceo	RI	UI 36/1 A	Gran	ch ar	e de	
10SF	director, should b	230. BURIAL, CREMATION,	23b. DATE THER	EOF	23c. NAME OF CEM	ETERY OF	CREMATORY		ATION (City or Town	n) (County) (State)
0 Pag 0	울숙	REMOVAL (Specify)	5-9-66		Arlingto	on Na			ington	Virgi	
VR . 20	A15 (4) M 1/66	24. FUNERAL DIRECTOR Wilhelm Funera	1 Home	4308	Suitland I		uitland 250 RECT	BY REGISTR	966 PCE	STRAP'S SIGNATUR	192





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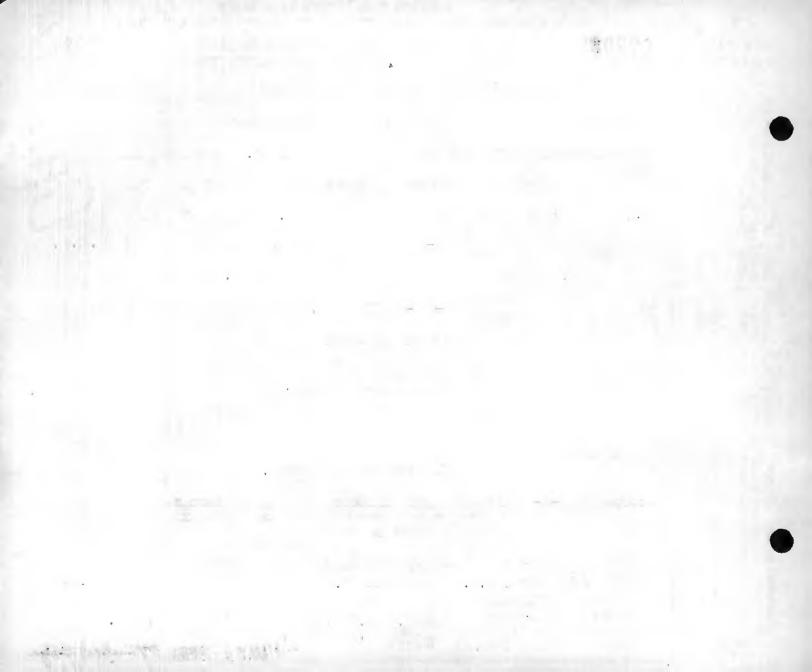
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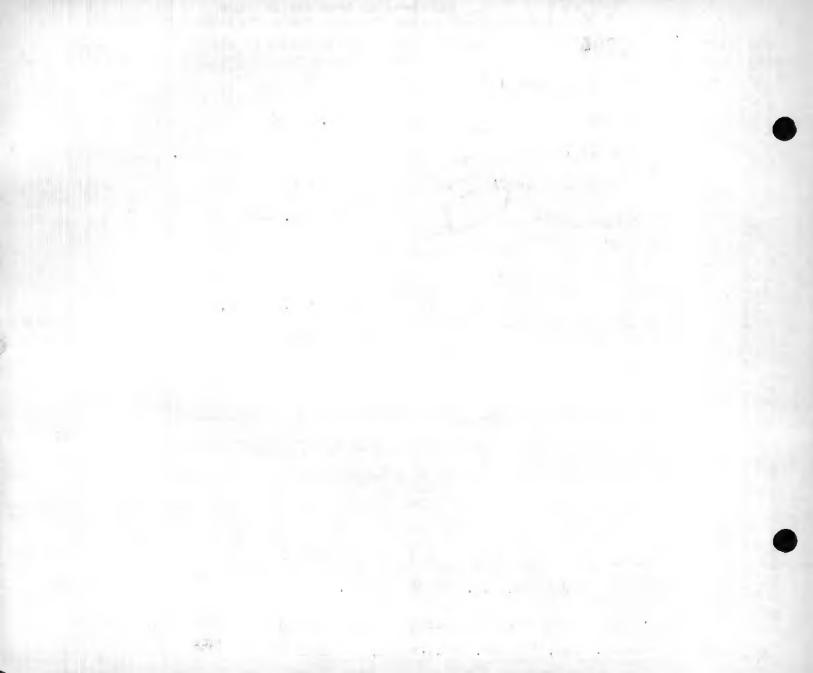
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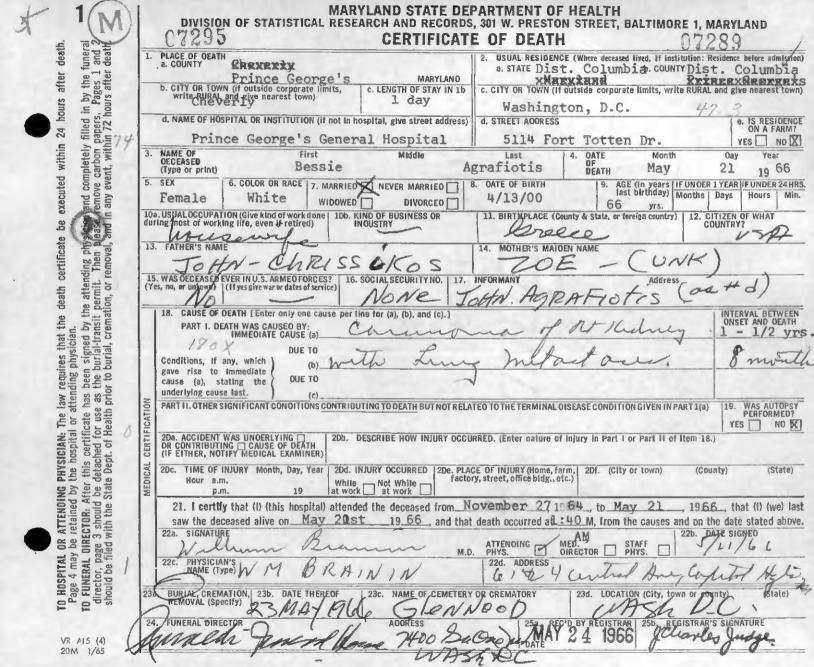
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 40 death. Prince George's MARYLAND Prince George's Maryland delay State Department c. CITY DR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town) after Cheverly 9 hours d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? haurs Give Pages Prince George General Hospital 3601 40th. YES | NO X Place 3. NAME OF Middle 4. DATE Manth 72 DECEASED within (Type or print) Mabel Clarice Adams DEATH with S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys WIDOWED event White DIVORCED Female 19 Feb. 1894 CN 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life_even if retired)
Housewife INDUSTRY COUNTRY? Elmo, Nebraska dny pages in any pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Mollie F. Pearce James W. Adams 10 pup 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, na, or unknown) (If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address ar removal, Mrs. Maxine Leadbetter (above address 578-34-5707 (Daughter) 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hemorrhage and shock writing the word certificate shauld cremation, DUE TO From ruptured spleen Canditians, if any, which gave (b) and left hemothorax rise to immediate cause (a), and right subdural hematoma ll hrs. stoting the underlying cause be farwarded 90 burial, 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) please execute the certificate, 0 20o. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) agent, priar CAUSE OF DEATH Fell down basement steps. 20e. PLACE DF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Not While at work factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page While of work 19 66 Same as #2 Home 21. I certify that I taak charge of the remains described above, held an Autopsy of Inspection x Inquiry 30 and in my apinian the funeral director. Undetermined manner death resulted fram: Natural causes Accident Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY OL DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. 5-6-66 Health NAME (Type) Address (Street, city, Jown, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) 500 5/7/66 Wash . Nat . Cemetery Suitland, Md. 24. FUNERAL DIRECTOR Nalley's Funeral Home Inc. ADDRESS Mt. Rainier 350. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY ony delay is, 2, and 3 ta Prince George's Howard MARYLAND Maryland b, CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Laurel DOA N. Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm haurs in Item 18. Give Pages Laurel Clinic 200 Washington Blvd. YES NO haurs after death. 3. NAME OF Eirst Middle Lost 4 DATE Doy Year DECEASED 1966 (Type or print) Adkins DEATH Terriv Lynn IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours WIDOWED DIVORCED Sept. 1965 Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country). 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYSA SILVER SPRING, MARYLAND pages I none rd "pending" in pencil in Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within MORMA MORIN RONALD D. ADKINS pup WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no or unknown) (If yes give wor or dates of service) remayal N/A Ronald D. Adkins. same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Bronchopneumonia Ь IMMEDIATE (AUSE (b) certificate shauld e, writing the ward farwarded ta the Ch crematian, DUE TO Conditions, if any, which gove (b) rise to immediate couse (a) DUE TO stoting the underlying couse 90 lost. burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? the certificate, YES IC NO its designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: **CAUSE OF DEATH** MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Hour om foctory, street, office bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page of work of work 21. I certify that I took charge of the remains described above, held an Autopsy 47, Inquiry X. Inspection X, and in my opinion deoth resulted from: Notural couses Undetermined monner Accident Surcide Homicide be retained CHIE MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5-13-66 Riverdale, Md. John Kehoe, M.D. Health Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Arlington, Virginaa Burial 17. 1966 Arlington National Cem 25h REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR way By Wade, 550 Wash. Blvd., Laurel, Maryland WAA VR A15ME (5) Harold S. 6M 1/66





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	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
	4 70 E	>/	Items #8&9Film#G3775/2/66 CERTIFICATE OF DEATH	
2	after death. the funeral ges 1 and 2 after death		1. PLACE OF DEATH a. COUNTY Prince Georges MARYLAND 1. PLACE OF DEATH a. STATE AT	admission)
	S DES		b. CITY OR TOWN (if outside corporate limits, write RURAL and give near write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give near	
	24 hours filled in by papers, Pa		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RE	SIDENCE FARM?
	n 24 y fill pap thin	14	Prince Georges General Hospital 6203 H St. YES	NO 🗌
	uted within completely in ye carbon person within		DECEASED	ear 666
	executed within and completely remove carbon parts and event.		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1897 689. AGE (In years IFUNDER 1 YEAR IFUND Months Days Hour	ER 24 HRS.
			Negro WIDOWED DIVORCED 5 Aug. 1998 68 7/yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working ilfa, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE, (County & State, or foreign country) 12. CITIZEN OF WHITE COUNTRY?	AT
	tending physician. ttending physician, as been signed by the attending physician as the burial-transit permit. They plays a prior to burial cremation, or removed, and in		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	ires that the death certifi physician. In signed by the attending burial-transit permit. The		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	
	death e atto permi		No I - John Mien Ve Jamens 2.	<u>D</u>
	t the an. by th ansit		18. CAUSE OF DEATH (Enter only one cause per line for,(a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND	DEATH
	es thai hysicia signed irial-tr		Conditions If any which Due 10	
	requireding page been the birto but to but t		gave rise to immediate cause (a), stating the DUE TO	
	e law atten e has se as		underlying cause last.) (c) FOR THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO	AUTOPSY ORMED?
	t: The all or infication under	0	S YES □	NO 🗌
	SICIAI hospil s cert iched			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-train should be filed with the State Dept. of Health prior to burial, crown and the prior to burial.		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, P.m. 19 While at work at	(State)
	TENO!! tained OR: A! Hould hould		21. I certify that (I) (this hospital) attended the deceased from 5/8/66, 19 to 5/11/, 19 66, that (I) saw the deceased alive on 5/11/66 19, and that death occurred at 5,10, from the causes and on the date state	(we) last
	OR AT be rel DIRECT ge 3 s		22a. SIGNATURE B. Bahana M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 22b. DATE SIGNED	
	SPITAL 4 may IERAL tor, par	1		poil.
	Page Page FO FUN direct		GEMOVAL (Specify)	State)
	Ć	3/	24. FUNERAL DIRECTOR 25a. REGISTRAR'S SIGNATURE	2
	VR A15 (4) 20M I/65	2	1 4 423 JENNE BUE DAMAY 16 1966 Junes Junes	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pr. George Maryland Pages aff Pr.George MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b physician and completely filled in by n prease remove carbon papers. Pag val, finder any event, within 72 hours Mt.Rainier Mt.Rainier yrs. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DN A FARM? 4109 31st NO X 31st St. YES executed within DATE 3. NAME DE First Middle Month Day Year DECEASED 1966 May Atkins DEATH (Type or print) E. Ruth AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED TO Femala Whi te DIVORCED 10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be CDUNTRY? during most of working life, even if retired) INDUSTRY U.S.A Kentucky Housewife 13. FATHER'S NAME MOTHER'S MAIDEN NAME or remova Mary C. Evin Daley Cottey 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. Ir to burial, cremation, or same address Humphrey Mrs.Marv above INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept. of Health prior (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO F YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. White Not While ATTENDING be retained by at work p.m. to Man 1966_. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at FSEPM, from the causes and on the date stated above. 1966 saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 4 may ADDRESS PHYSICIAN'S 22d. 22c. director, p NAME (Type) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Kentucky Lexington, 2 Lexington Cemetery 5 emova REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Mt. Rainier 25a. 24. FUNERAL DIRECTOR ADDRESS lley's 12 VR A15 (4) Maryland 1966 The Trome Funara 15M 4-64



IS RESIDENCE

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(State)

22b. DATE

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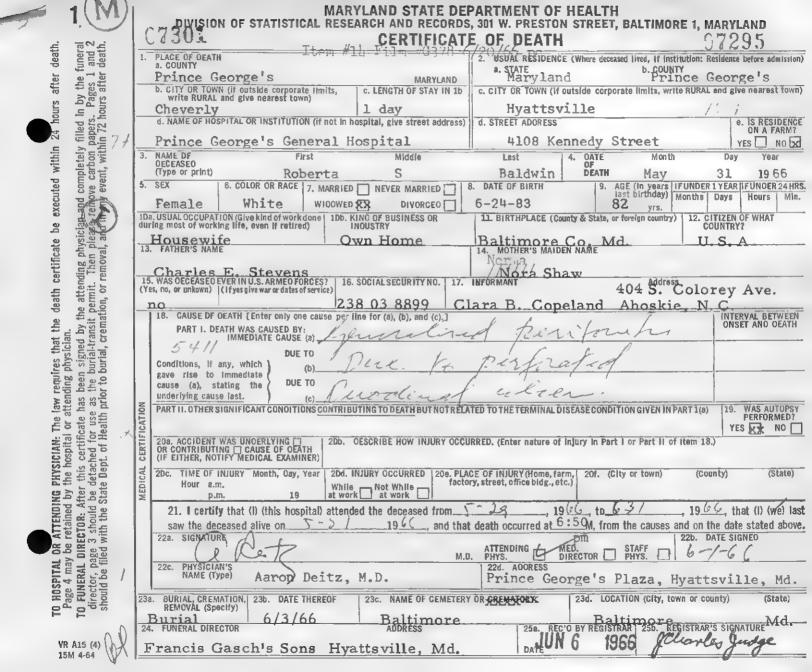
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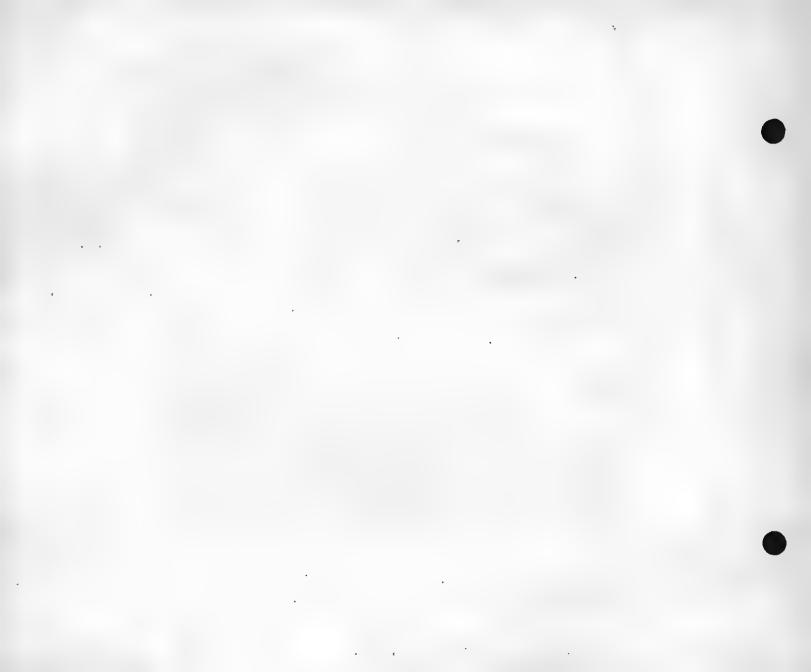
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY Poge 0 ofter deoth. Prince George MARYLAND Prince George Department b CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c JENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate imits write RURA, and give negrest town) and Riverdale DOA College Park d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? Office alang with form hours in Item 18 Give Poges ate emorial Hospital 91.25 51st Ave. YES T NO 3 24 hours ofter deoth. 3 NAME OF Middle 4. DATE Day DECEASED (Type or print) William Bailev DEATH 5 SEX 6. COLOR OR RACE 8 DATE OF BURTH AGE (In years 7 MARRIED NEVER MARRIED IF UNDER I YEAR 2 B last birthday) Manths Days WIDOWED DIVORCED March 1918 J. R 10a USUA, OCC., PATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY COUNTRY? pages 1 in any (TRUCK DRIVER d "pending" in pencil in Chief Medical Examiner's ROLINA 13. FATHER'S NAME pencil be executed within and LINTHIGOM HEAS, MD IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT removol. (Yes no, arunknown) (If yes give war ar dates af service) MR. LECNARD 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN buriol-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY 50 Shock IMMEDIATE CAUSE (a) certificate should used os o buriol-tra burial, cremation, the word DUE TO Canditions, if any, which gave Gastric hemorrhage Hrs rise ta immediate cause (a). DUE TO stoting the underlying couse Acute-gastritis PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS' PERFORMED? NO ogent, prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part L or Part 1 of tem 18.) 3 should PRIMARY Or CONTRIBUTING TAL EXAMINER: CAUSE OF DEATH. MED CAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Haur am. factory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge at work 21. I certify that I took charge of the remains described above, held on Autapsy Inspection 🔀 Inquiry 5 ond in my opinion death resulted from Natural causes 🔀 Accident 🚺 Undetermined monner Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5-30-66 5 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale John ro Fune Health Address (Street, city, tawn, or county) NAME (Type) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) NATIONA ARLINGTON FUNERAL DIRECTOR RECID BY REGISTRAR acharles VR A15ME (5) 6M 1/66



	I A		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
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24 hours after death.	funeral and 2 r death	1.	PLACE OF DEATH a. COUNTY				CE (Where deceased lived, If Ir	nstitution: Residence before admis	sion)	
-	- E		Prince George's		MARYLAND	e. STATE Maryla	and Pr	ince George's		
4	a se constant		b. CITY OR TOWN (if outside corpora write RURAL and give nearest tow	te límits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	foutside corporate limits, w	rite RURAL and give nearest to	own)	
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executed within	etel bon wit	3.	DECEASED	rst	Middle	Last	4. DATE Mon			
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arte	ove v ev	_	SEX 6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24	HRS. Miln.	
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	please in	qui	USUAL OCCUPATION (Give kind of working most of working life, even if retire	done 10b. K	IND OF BUSINESS OR IDUSTRY		ounty & State, or foreign countr	COUNTRY?		
<u>e.</u>	an de la	-12	none FATHER'S NAME		•		George's, Md.	USA		
	oval B	13.	•			14. MOTHER'S MAI				
Sert	iệt ê	15	Joseph Andrea Holt WAS DECEASED EVER IN U.S. ARMED FO		SCOUL SEQUELEVING 1 47		uise Baker			
- €	o it.	(Ye	, no, or unkown) (If yes give war or dates o	f service)	SOCIAL SECURITYNO. 17.	Mother	Addre	bove		
dea	per per tion,		no	<u> </u>		mother.	CL.			
that the death certificate be	FUNERAL DIRECTOR: After this certificate has been signed by the attending physical rector, page 3 should be detached for use as the burial-transit permit. Then bleast could be filed with the State Dept. of Health prior to burial, cremation, or removal, and		18. CAUSE DF DEATH Enter only on PART J. DEATH WAS CAUSED BY		Ine for (a), (b), and (c).]			INTERVAL BETWE	TH	
134			IMMEDIATE CAUSE	(a)	Mucaus					
t s		П	Conditions, If any, which \	TO	of secretarily					
uire	s La s		gave rise to immediate	(b)	premium					
Pa-fi	of the last		cause (a), stating the DUE underlying cause last.		J					
Taw Her	has has pri	8	PART II. OTHER SIGNIFICANT CONDITION	(c) ONS CONTRIBL	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	NPARTI(a) (19. WAS AUTOP	PSY	
Fe	ate use alth	CERTIFICATION						PERFORMED YES XX NO		
Z.		튑	20a. ACCIDENT WAS UNDERLYING	20b. I	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f injury in Pert I or Pert II			
ICIA	t. o	5	OR CONTRIBUTING CAUSE OF DEA	TH NER)						
HYS	this etac Dep	CA!	20c. TIME OF INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 20e. PLAG	CE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State	e)	
a. ∓	e d ate	MEDICAL.	Hour a.m. p.m. 19	While	Not While at work	ry, street, office bldg., (etc.)			
NE SE	Aff	2	21. I certify that 90 (this hosp			May 7 , 1	966 to May	7, 19 66, that (we)	last	
TEN	10 H	П		May 7	19.66 and that	death occurred al.	1:45M. from the causes	and on the date stated abo	ove.	
	### ###		22a. SIGNATURE	1/1/1			DM	22b. DATE SIGNED		
6 4			· ///	111	776 M.D		MED. STAFF DIRECTOR PHYS. XX	5/10/66		
Z S	RAL r, p		22c. PHYSICIAN'S NAME (Type)	Wah Jan	.t w n	22d. ADDRESS				
OSP	Uld uld		Iradj		i, M.D.		erdale Rd., Ri		=	
TO HOSI	rage 4 may be recomed for the control of the contro	23a	REMOVAL (Specify)	THEREOF	23c. NAME OF CEMETERY Prince George		23d. LOCATION (City, the Cheverly	town or county) (State) Marylane	· _	
•	0	24	remation May 1	T, 150	41		C'D.BY.REGISTRAR 25b, J	REGISTRAR'S SIGNATURE		
VP	AIS (4)	0	Admin	istrate		Id. MA	לן לטסט לי	harles Judge		
20/	W 1/65	K,	string - week		<u></u>	DATE				

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Prince George Maryland Prince George MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) College Park Cheverly d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? 74 Prince George General Hospital 9603 48th Ave. YES NO 3. NAME OF 4. DATE Month DECEASED [Type or print] DEATH 19 Ε. Barb Maude Mav 6 COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 14 birthday Months WIDOWED X Female DIVORCED | May 5, 1901 death certificate 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11 BRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY! done during most of working life, even if relired) House wife Own Home U.S. A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George S. Parker Lucy E. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 2101 Apple Tree Lane (Yes, no, or unknwn) | (Ifyas give war or dates of service) Warren M. Barb Silver Spring, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction minutes IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate causa DUE TO (e), stating the underlying PART I. OTHER S GN FICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 204 ACC DENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, term, 20f. [City or fown] (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While et work at work O 21 | certify that (i) ONN XIXIN attended the deceased from Jan. 17. ..., 19.61, to May 2, ..., 19.66, that (i) (WX) last saw the deceased alive on Mar. 71966 and that death occurred at 3.3.00000m the causes and on the date stated above 22b. DATE SIGNED ATTENDING death. Page 4
TO FUNERAL
director, page 3
be filed with th DIRECTOR PHYS. May 2, 1966 22d. ADDRESS 22c. PHYSICIANS NAME (Type) William B. Gunther, M. D. 4917 Edgewood Road, College Park, Md. 1 23c. NAME OF CEMETERY OR CREMATORYS 23d LOCATION (City, fown or county) (Stele) 23a, BURIAL, CREMATION 1235 DATE THEREOF REMOVAL (Specify) St. John's Church Beltsville. Md. Burial UTRAR SOSIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7 61 Francis Gasch's Sons Hyattsville, Md.

RYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
Mana	07303 CERTIFICATE OF DEATH 07	297
funeral and 2	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residen	ice before admission)
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을 그것은 내	d. NAME DE HOSPITAL OR INSTITUTION (If not in hospita), give street address) d. STREET ADDRESS	A IS RESIDENCE
- C T	Engone Lobor & Stemorial Hosp. 2006 Sandware St.	e. IS RESIDENCE ON A FARM? YES ND
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xecuted w and comple remove carl	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR 1 1 1 1 1 1 1 1 1	
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E EE 8 7	Philip Rice prole	
nding physimian. s been signed by the attending plays to be the burial-transit permit. Then play for to burial, cremation, agreemoval,	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT ROCOPS Address Roces, no, or unknown) (If yes give war or dates of service) UNKNOWN 4408 Process Decease RO-Rivan	de lomo
Catter of de	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)]	FRVAL BETWEEN
an. an. if by ransi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ROCHO PNEUMONIA, BLATERAL	SET AND DEATH
t law requires that the attending physimian. The been signed by a set as the burial-trans. The burial-trans. The burial transfer to burial transfer transfer to burial transfer transfer transfer transfer transfer transfer	Conditions, if any, which) DUE TO ASSICIATED WITH ACUTE PERCARDITIS 2	900
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N. The last tiffcate to for use for use thealth	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPRED. (Enter nature of Injury in Part or Part of Item 18.)	YES NO
PHYSICIAN: The the hospital or this certificat detached for use to Dept. of Heali		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or atten to FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed willy the State Dept. of Health price	2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 4 20f. (City or town) (County) Hour a.m. While Not While at work	(State)
Aft	Ma 2 Take I Take	that (I) (we) last
Strough	saw the deceased alive on 1960, and that death occurred at 5000, from the causes and on the day	
DIRECT A	22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DYTES	IGNED
D HOSPITAL OR ATTENDIN Page 4 may be retained FUNERAL DIRECTOR. Af director, page 3 should Should be filed with the S	22c. PHYSICIAN'S NAME (Type) ADDRESS DIRECTOR PHYS. 22d. ADDRESS DAGE FARK AND PHYS. 22d. ADDRESS DAGE PHYS DAGE FARK AND PHYS. 22d. ADDRESS DAGE PHYS DAG	Ψ
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TO HO Page direct should	BURIAL Specify 5-6-1966. Pleasant HILL CEM COPIAH CITY, MIS	55,
M. 115 (4)	4. FUNERAL DIRECTOR ADDRESS: ADDRE	INATURE
VR A15 (4) 2DM 1/65	U.W. Chambers one, sieves spring, 1 1 may 5 1966 golovies &	mage

SEEDING SAID OFFICE

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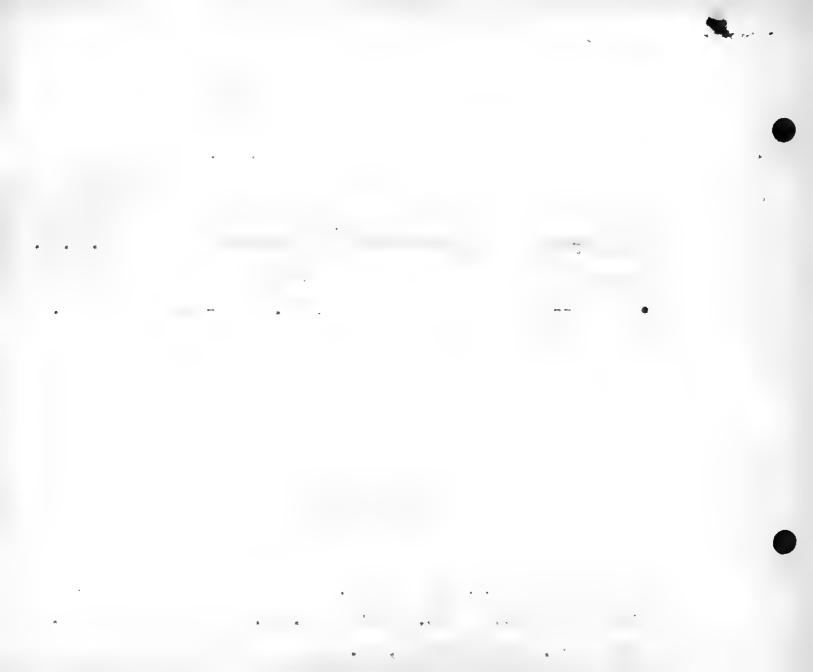
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No . "				07394	CERTIFICATI			C7298
	hours after death	funeral and 2 r deam.	1.	PLACE OF DEATH		2. USUAL RESIDEN	ICE (Where deceased lived, If institu	tion: Residence before admission)
	-D	122		e. COUNTY Prince Georges	11400014410	a. STATE	Maryland b. COUNTY	Prince Georges
	afte	ges aft	_	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	MARYLAND c. Length of Stay in 1b	c. CITY DR TOWN (If outside corporate limits, write	
	5	Pa Pa ours		Cheverly	61 Days		apital Heights	. ,
	2.	ers.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	24	and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after		Prince Georges General	Hospital	6100	E Street,	YES NO DE
	executed within	with v	3.	NAME OF FIRST DECEASED	Middle	Lest	4. DATE Month	Day Year
	×	aple carb		(Type or print) Anthony		Barry	DEATH May	11 19 66
	ntec	eve eve	5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	B. DATE OF BIRTH	last birthday) last	UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
	Xec	and any	<u> </u>	Male White WIDOWE		1-6-96	70 yrs.	
	9	g physician are please r	10: dui	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	e	S Service	_	Driver S:	ightseeing	Ital	y .	II.S.A.
	in the second	司。	13	FATHER'S NAME		14. MOTHER'S MA	Y	
	erti	d d	<u> </u>	Paolo DiBari		Magdal		
	Æ	or i	Ni Ni	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 s, no, or unkown) (If yes give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Md.
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	that the death certificate be sician.	been signed by the attending the burial-transit permit. The or to burial, cremation, or rendo		PART I. DEATH WAS CAUSED BY:	r line for (a), (b), and (c).	-1 1		ONSET AND DEATH
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	uire g pi	S DO O		conditions, if any, which gave rise to immediate (b)	experience as	teres	yes of workisede	- Carle
	din	or the		cause (a), stating the DUE TO underlying cause last.	77	is of the	1- Desto	
	law tter	has as pri	S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		V 12	DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTDPSY PERFORMED?
	or a	ate use alth	SATI					PERFORMED?
		語を発	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature	of injury in Part I or Pert II of It	
	ICIA OSPI	t. o	S S	20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	PHYSICIAN: The law requires that the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior in the state Dept.	콩		INJURY OCCURRED 200, PLA	CE OF INJURY (Home,	farm, 20f. (City or town)	(County) (State)
	2 to 20	ate of the	MEDICAL	Hour a.m. Whi p.m. 19 at we	IO - NOT WILLE	ry, street, office bldg.,	etc.)	J
	ATTENDING retained by	A P P P P P P P P P P P P P P P P P P P	-	21. I certify that (I) (this hospital) atter		180	19/05, to 5///	19 66 that (I) (we) last
	TEN	bed that the state of the state	П	saw the deceased alive on 5///	19 6.6 , and that	death occurred at		d on the date stated above.
	E a	%it sign		22a. SICNATURE	11		* 272	2b. DATE SIGNED
	y P. G.	age iled		THE LOND	M.D		MED. STAFF DIRECTOR PHYS.	5/11/66
	TA BE	Per p		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	HOSPITAL age 4 may	문양물		TETER V	յուտջ			PITAL HOTE MD
	Page	original shapes	238	REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town	252
		-	24	Burial 5-14-66	Cedar Hill	Cemetery	Suitland, EC'D BY RECISTRAR 25b. REGI	Md. STRAR'S SIGNATURE
	VR A	A15 (4)	-			ash.D. Out	4 4 0 1000 401	4 6 .
		4-64	止	ee Funeral Home 300 A	OII DOF TO 4 U	DITTO P DIMINA	16 1966 gale	reis Juage



/1 1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR ST		07305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07299	
	DEPTy)	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)	=
2, and 3 to PM3. Page	5 £	o. COUNTY Prince George MARYLAND STATE 6 COUNTY	
delay and 3 A3. Pag	partment at after death	b CITY OR TOWN (If outside corporate Imits, write RURAL and give nearest town) write RURAL and give nearest town)	_
P. Gr	artn fter	Riverdale DOA Hyattsville ///	
- A	Dep rs a	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e is residence on a FARM?	
urs after death if on the land in the land in the land with farm	State Department of 2 haurs after death	Leland Memorial Hospital 3424 Tulane Drive YES NO	
after death 3. Give Page along with f	72 72	3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED OF	
er c	with the St within 72		66
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ours In 18	event	20 Aug. 1702 0) 1"	_
	y ev	during most of working te, even if retired) We recliam dise Its kind of work done to reign country) Its kind of work done to find the country to the coun	
239	pages 1 in any e	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	—
vithi senc	d e	Louis Bayer Helen Harmon	
	File and	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	_
rote ng : dica	permit. maval,	(195, no, or unknown) III yes grye wor or dotes of service 46 082-09-287 Harcl Bayer 3424 Tulane Dr., Hyattsvil	1e
This certificate shauld be executed within ficate, writing the ward "pending" in pencif be farwarded to the Chief Medical Examin	a burial-transit permit. crematian, ar remaval,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart failure IMMEDIATE CAUSE (o) Heart failure	S
2 2 5	n, a	4200 DUE TO	_
the water	atio	Conditions, if only, which gove) (b) Amteriosclerotic heart disease over]	vr.
te s the	a b	tise to immediate couse (a). Stating the underlying couse DUE TO	
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cert. Wr:	used as burial, a	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b) 19 WAS AUTOPSY PERFORMED?	
his ate, e fo	be t	Hemiparesis from cerebro vascular accident in 1957	k
ertification of the state of th	shauld t, priar	Hemiparesis from cerebro vascular accident in 1957 PERFORMED? YES NO	
- N (0	~ E	20c TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or fown) (County) (State)	,
L EXA ecute Page ar yau	Fed ted	21. I certify that I took charge of the remains described above, held on Autopsy [], Inspection [X], Inquiry [X], and in my opin	ion
ex ex d	gma gma	death resulted from: Notyrol couses . Accident . Suicide . Homicide . Undetermined monner	
dine dine	desi	CHIEF MEDICAL EXAMINER	
Y W	G 1 ≥	SIGNATURE MD ASSISTANT MEDICAL EXAMINER [_]	ED
O DEPUTY MEDICAL necessary, please ex the funeral director. 5 may be retained f	O FUNERAL DIRECTOR: Page (Health ar its designated age	EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 5-21-66	
TO D	FO FI	230 BURIAL (REMATION, 236. GATE THEREOF 230 NAME OF CEMETERY OR CREMATORY ARLINGTON, VIRGINIA (Stote)	
		Bridger 15-25-1966 ARLINGTON NATIONAL ARLINGTON, VIRGINIA 24. FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR'S SIGNATURE	
VR A1	5ME (5) 1/66	W. W. Chambers Co. Blue dul 1 MAY 25 1966 gcharles Judge	
		rad,	_



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 97306 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) o. COUNTY o STATE ᇹ Prince George's after death. Maryland Prince George's
C C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Department b. City OR TOWN (If autside corporate mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 DOA Cheverly North Forestville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? haurs Prince George General Hospital 3434 79th. NO 🔽 Ave. 3 NAME OF Last 4 DATE Month DECEASED within 7 (Type or print) Bayne James DEATH with S SEX 6 COLOR OR RACE 7 MARRIED X B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) WIDOWED DIVORCED Male White Aug. 1905 100 USUAL OCCL PATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY Employed
Department Store BIRTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT during most of working life even I retired)
Parts Buser U. S. A. Scotland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS WAS DECEASED EVER N.U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 36 SOCIAL SECURITY NO 17 INFORMANT Address ar remayal, Helena J. Bayne-Same as Item #2. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure This certificate should e, writing the ward farwarded ta the Ch used as a burial-tra burial, cremation, DHE TO Conditions, Tony, which gove (b) Arteriosclerotic heart disease unknown rise to immediate couse (a). stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (Home, form 20¢ TIME OF NURY Month, Doy Year (City or fown) (County) (Stote) factory street office bldg , etc.) Not While 21. I certify that I took charge of the remains described above, held an Autopsy Inspect on X, ingerry X, and in my opinion the funeral directar. death resulted from: Natural causes oc Acciden/ Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **FO DEPUTY** DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. Riverdale. Md. 5-6-66 Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23h DATE THEREOF 23d LOCATION (City or Town) 230 BUR AL CREMATION (County) (Stote) St.Peter's Cath.Com. Waldorf 1966 Killianles Judge 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR ATSME (5) Ritchie Bros. Upper Marlboro, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pr. Geo's Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Cheverly DOA Oxon Hill. Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Prince George's General Hospital 6704- St. Barnabas Road YES 3. NAME DE Middle DECEASED DF DEATH 19 66 WILLIAM HENRY BAYNE (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months | Days | Hours | Min. 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Male Whi.te May 1st -1910 WIDOWED [DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard H. Bayne Mary E. Loveless 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mary E. Bayne (Wife same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Selentic Cent disea DUF TO Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PERFORMED? YES [NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Port I or Part II of Item 18.) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive-onand that death occurred at-_M, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE May 3rd 1966 DIRECTOR 22d. ADDRESS 22c. PHYSIC IAN'S Herbert Wisots NAME (Type) Ol- Audrey Lane . Oxon Hill, Maryland NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Bladnesburg , Maryland Fort Lincoln Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** EINERAL DIRECTOR 1661- Gd. Hope Rd. SE. Wash. DC VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

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a gent	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
华一	(M)	C7309 CERTIFICATE OF DEATH C7303
	requires that the death cernicate be executed within 24 hours after death a physician. signed by the ottending apprician and completely filled in by the funeral sound-transit permit. Then please remove carbon papers. Pages I and 2 burial, cremation, or removal, and in any event, within 72 hours ofter death.	1. PLACE OF DEATH a. COUNTY PRINCE GEORGE D. IT VALUNIN (1 auiside copargée limits, write RURAL and give nearest town) Write BURA. and, give nearest town AMAYLAND Landover d. MARYLAND Landover d. A DATE OF DECEASED (Type or print) S. SEX d. COUNTY Mulpfle Lost Mulpfle Mulpfle Lost Mulpfle Mulpfle Lost
•	OR ATTENDING PHYSICIAN: The law be retained by the haspital or othending DIRECTOR: After this certificate has been ge 3 should be detached for use as the led with the State Dept. of Health prior the	sise to immediate cause (a), stating the underlying couse (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT (a) PART II OTHER SIGN
	TO HOSPITAL Page 4 moy No W W W W W W W W W W W W W W W W W W W	23a. BURIAL CREMATION, REMOVAL (Specify) Burial 5/16/66 St. Barnabas Church Leland, P. G. Md. 24. FUNERAL DIRECTOR ADDRESS DATE ADDRESS DATE DATE DATE DATE

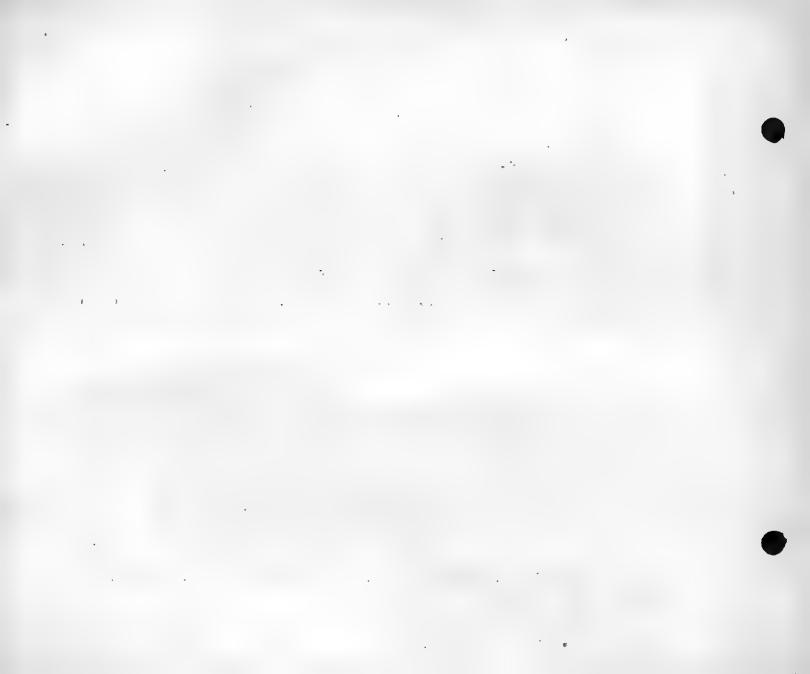


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit Magnilease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or temory, and in any event, within 72 hours after death,

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		CERTIFICATE OF DEATH							
	1. PLACE DF DEA	тн					titution: Residence before admission)		
		Prince George	e t s	MARYLAND	a. STATE Mary	land b. COUN	Prince George':		
	b. CITY OR TO	WN (if outside corporate lim it and give nearest town)	its, c. LENGTH O				ite RURAL and give nearest town)		
		neverly	9 da	ys	Greenbel	.t	13 1		
	d. NAME OF H	OSPITAL DR INSTITUTION (if I	not in hospital, give st	reet address)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?		
4	Pr:	ince George's G	General Hos	pital	7 A Ridg	e Road	YES ND K		
	3. NAME DF DECEASED	First	Midd	ile	Last	4. OATE Month	Day Year		
	(Type or print)				Bieli g k	DEATH PLATA	20 186		
ı	5. SEX	6. COLOR OR RACE 7. M.		ARRIED -	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
ı	Female		الما	LOWOED []	3/5/91	yrs.			
į	during most of wor	ATION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINE	ESS OR	11. BIRTHPLACE (Go	unity & State, or foreign country;) 12. CITIZEN DF WHAT COUNTRY?		
	Housew 13. FATHER'S NA	Housewife Own F			North	Carolina EN NAME	U.S. A.		
		Clavto	on		Sarah Gay	710			
	15. WAS DECEASED	EVER IN U.S. ARMED FORCES:	? 16. SDCIAL SECUR	ITYND, 17. II	NEDRMANT	Addres	S		
	no	(1) Jes Blac war of nation of scratc	578 40 96	33 A11	ert L. Ric	e Same as #2	2 (son)		
		F DEATH [Enter only one caus			1	, , , ,	I INTERVAL BETWEEN		
	PART I, I	DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	Thron	abosic	d Car	chad Axte	ONSET AND DEATH		
	7 2	7 2 X DUE TO A							
	Conditions, If any, which \ (h)						Maryye		
ı	gave rise to immediate (cause (a), stating the DUE TO								
	underlying cau								
	PART II. OTHER	SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATE	TO THE TERM INAL D	ISEASE CONDITION GIVEN IN I	PERFORMED?		
)	FICA	Daber	Til UM	relli	W		YES NO K		
	B DR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURE	RED. (Enter nature of	injury in Part I or Part II of	i item 18.)		
	중 20c. TIME DE	INJURY Month, Day, Year	20d. INJURY OCCURR		OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)		
	20c. TIME DE Hour a	.m. 19	While Not While at work	page	, street, office bldg., et	C.)			
		Ify that (!) (this hospital)	·		~// .19	Calento 5 -20	, 1966, that (I) (we) last		
	saw the peceased alive on 45 20 40 10 , and that death occurred at 192M, from the causes and on the date stated above.								
	22a. SIGNATI	22a. SIGNATURE 22b., DATE SIGNED							
	IA	M.D. PHYS. DIRECTOR PHYS.							
'	22c. PHYSICI NAME (Weintraub,	м п	Profession	al Bldg., Gree	nhelt Md.		
	DIS DISTAL CO.								
	BREMOVAL (SI	MATION, 23b. DATE THERE		OF CEMETERY O	-	23d. LOCATION (City, to	**		
	24. FUNERAL DIR	5/43/00	ADDRE	<u>Lincoln</u>	\ 25a. REC	Colmar Man	GISTRAR'S SIGNATURE		
)	Francis	Gaachis Sons	Hyattsvill	e. Md.	MAY	24 1966 800	carles Judge		

VR #15 (4) 20M 1/65



TON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, If institution, Residence before admission) e. COUNTY 6. COUNTY MARYLAND b. CITY OR TOWN (it outside corporate li LENGTH OF STAY IN 16 c. CITY ON TOWN (If fortiside corporate limits, write RURAL and g. write RURAG and give nearest lown HOSPITAL OR INSTITUTION (if not inchospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM YES NO 3. NAME OF Middle DECEASED (Type or print) DEATH 5. SEX IF UNDER DATE OF BRITE AGE (In years 7. MARRIED NEVER MARRIED sast birthday) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF 1 12. CITIZEN OF WHAT COUNTRY? State, or loreign country) done during most of working life, avan if retired) 13. FATHER'S NAME NU.S. ARMED FORCES? 116. 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) | (Wyesgivawarordatesofservica) 18. CAUSE OF DEATH [Enter only one seuse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO YES 20a ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 1 201. (City or town) (County) (Slale) fectory, streat, office bldg., atc.) While _Not While Hour e.m. al work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from..... , that (1) D.C. and that death occured a D.A.M., from the causes, and on the date stated above. saw the deceased alive on. DATE 228 SIGNATURE ATTENDING M LIGNED 22c. PHYSICIAN'S 22d. ADDR665 NAME (Type) 23d. LOCATION (City, town or county) THEREOF OR CREMATORY 24 FUMBRAL DIRECTOR'S SIGN REC'D BY REGISTRAR VR A15 (4) ISM 7 61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07312 HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) a COUNTY o STATE Prince George's 10 Prince George's MARYLAND Maryland Department b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate ..m.ts, write RURA, and give nearest town) E LENGTH OF STAY IN 16 ofter 43 hours Seat Pleasant Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital a ve street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Give Poges Prince George General Hospital 608 Addison Road YES NO TO 3 NAME OF with the Sto within 72 B First 4 DATE Month Dov DECEASED 66 (Type or print) Bratcher DEATH 19 Theresa Marie S SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Dovs Hours W DOWED DIVORCED event White O242121960959 Female 24 hours 10a US_AL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY U.S. A. poges l in any Maryland d 'pending' in penal in Chief Medical Examiner's none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joyce R. Szabo Charles O. Bratcher IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service or removal Father Charles O. Bratcher none no 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN buriol-tronsit over 43 hrs IMMEDIATE CAUSE (c) Brain stem contusion certificate should e, writing the word forwarded to the Cl DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause 0 used os burial, a PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO S YES 🗀 200 EXTERNAL CAUSE WAS PRIMARY ♠ OF CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter notize of injury in Port I or Port II of Item 18.) 3 should 4 should AL EXAMINER: CAUSE OF DEATH Pedestrian struck by car. MEDICAL 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Not While foctory, street, office bldg., etc.) 5 may be retained far your O FUNERAL DIRECTOR: Poge 8:55am p.m. 5-20- 19 66 of work of work G 600 block Addison Road, Seat Pleasant, Md des, gnoted 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry x and in my opinion deoth resulted from: Noturphicouses, 1 Atcident x Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY 6 DEPUTY MEDICAL EXAMINER (SC) **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, fown, or county) 230 BURIAL, CREMANTION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (C'ty or Town) (Stote) REMOVAL (Specify)
Burial Va. 5/25/66 Arlington National Arlington, 25h REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTO 2So. REC'D BY REG STRAR VR A15ME (5) Milane Francis Gasch's Sons Hyattsville, Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, funera 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before advission) b. county Prince George's STATE Maryland hours after carbon papers. Pages 1 ant, within 72 hours after Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Cheverly 10 days Bladensburg Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 4112 54th Place YES . No x executed within completely NAME OF Middle DATE Month 4. Year DECEASED event (Type or print) Amv Breckenridød ĎEATH May 30 19 66 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH етоле AGE (In years | IF UNDER 1 YEAR (IF UNDER 24 HRS 7. MARRIED V NEVER MARRIED last birthday) | Months | Days апу Hours WIDOWED . Female White DIVORCED T 10-19-95 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? pe INDUSTRY Housewife U.S.A. Washington. D.C. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova this certificate has been signed by the attending latached for use as the burial-transit permit. The Dept. of Health prior to burial, cremation, or remor Charles B. Smith Annie Merriaman 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mr. Maurice L. Breckenridge above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions. If any, which (b) gave rise to immediate DUF TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY detached for use e Dept. of Health PERFORMED? YES NO ES 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) æ Hour a.m. After Not While be retained by at work at work May 20 19 66 to May 30 19 66 that XIX (we) last 21. I certify that (K (this hospital) attended the deceased from... TO FUNERAL DIRECTOR: May 19 66, and that death occurred a2:55 M, from the causes and on the date stated above. saw the deceased alive on DATÉ SIGNED 22a. SIGNATURE 96 P ATTENDING STAFF PHYS. Page 4 may 1 M.D. PHYS. DIRECTOR <u>@</u>≠ director, p should be 1 PHYSICIAN'S 22d. ADDRESS NAME (Type) Stanley A. Forster 7516 Riverdale Rd. Hyattsville', BURIAL CREMATION, 23b. REMOVAL (Specify) BULLAL NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Cedar Hill Cemetery Suitland. Md. 24. FUNERAL DIRECTOR Mt. Rainier 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Nallevs Maryland VR A15 (4) Funeral Home 15M 4-64



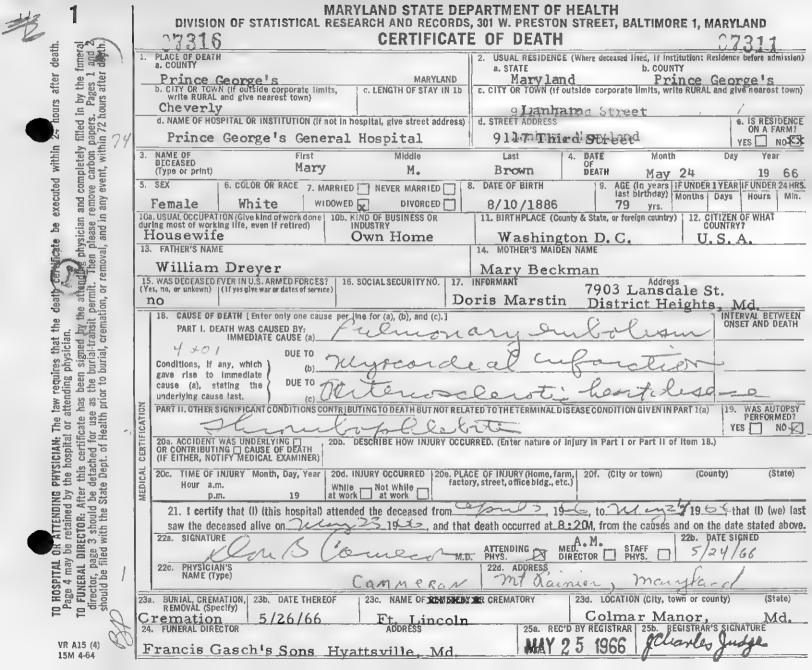
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY o. STATE b. COUNTY Page Prince George's after death. Maryland MARYLAND Prince George's b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN In c CITY OR TOWN (if outside corparate mits, write RURAL and give negrest town) gud write RURAL and give negrest town) DOA Cheverly Capitol Heights d NAME OF HOSP TAL OR INSTITUTION (f not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? hours Pages Prince George General Hospital 823 57th. Avenue YES 🗔 NO X 3 NAME OF First M+ddle 4 DATE DECEASED within James Type or print) Breedon DEATH 19 66 S SEX 6 COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Days Hours Male White WIDOWED DIVORCED 13 Oct. event 10o USUAL OCCUPATION (Give kind of work done 06 KIND OF BUSINESS OR 11 B.RTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during past of working fe, even if refired i any pages in any 13 FATHER'S NAME pencil 14 MOTHER'S MAIDEN MAME and WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMAN Address 3/1-67 be executed (Yes no, or unknown) (If yes give wor or dotes of service) removal. 217-44-8205 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN buriat-transst PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Edema of brain 6 This certificate should e, writing the ward farwarded to the Cl crematian, DUE TO From compression of aqueduct of Sylvius Conditions, if any, which gave (b) From mucoid cyst of 3rd, ventricle unknown nse to immediate couse (a), DUE TO stating the underlying couse lost. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? YES JK NO agent, priar ta 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part I of Item 18) CAUSE OF DEATH 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TIME OF .N. JRY Month, Day, Year (City or town) (County) (Stote) factory, street, office bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page otwork ot work 21. I certify that I took charge of the remains described above, held an Autapsy (x) Inquiry (x), Inspection 12 and in my apinian Natural cooses (sc death resulted from Accident Suicide [Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER X Riverdale, Md. 5-8-66 EXAMINER'S John Kehoe, M.D. 5 may 70 FUNE Health NAME (Type) Address (Street, city, fown, or county) 230 BURIAL EXEMATION 23W DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 (County) REMOVAL (Specify) 5-11-66 24. FUNERAL DIRECTOR REC D BY REGISTRAR AY 16 196 2Sb REGISTRAR'S SIGNAT VR A15ME 18 6M 1/66

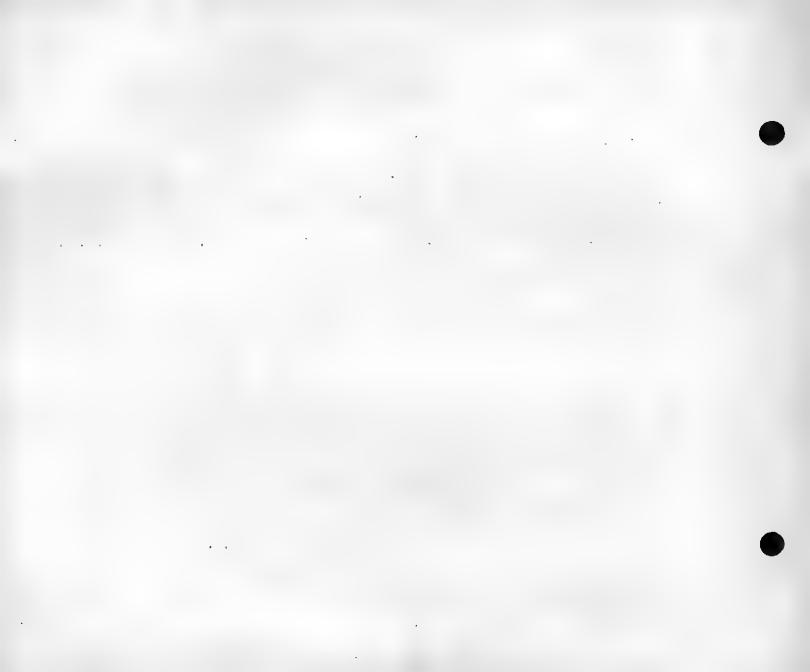
MARYLAND STATE DEPARTMENT OF HEALTH



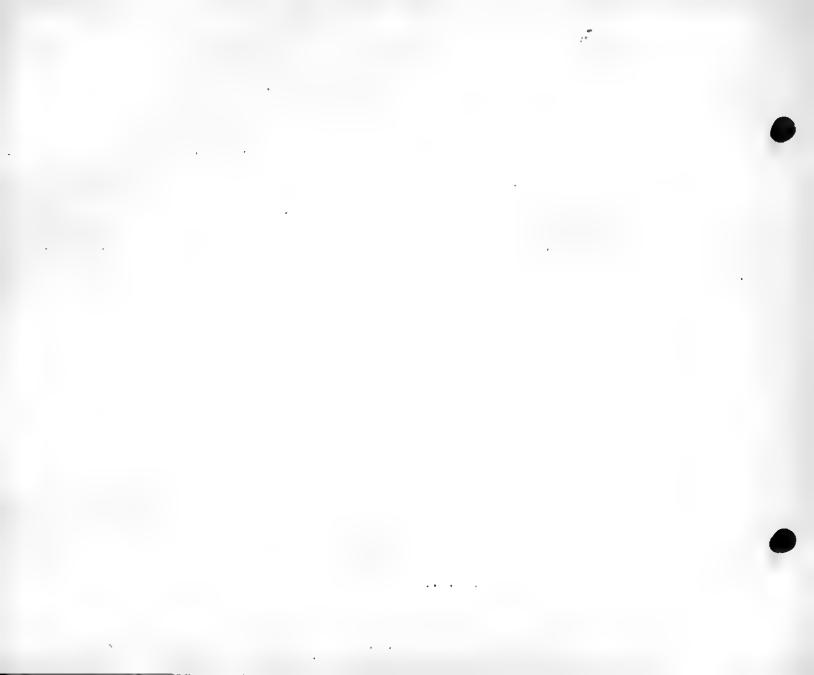
MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. Frince George's Pages 1 aurs after (a Mary land by the to Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours hours Ē 2 days 9105 Hobart Street Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X YES Prince George's General Hospital Landover completely 1 certificate be executed within 3. NAME OF Last DATE Day Year Middle Month DECEASED event, (Type or print) DEATH 19 66 Brooks May 5. SEY 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR HE UNDER 24 HRS. 7. MARRIED NEVER MARRIED X birthday) Months Days Hours white any and Female WIDOWED DIVORCED 1.6 E 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? and Private Home Vir ginia U.S.A HouseKeeper 13. FATHER'S NAME MOTHER'S MAIDEN NAME Mason Brooks attending a Mary M. Dickey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address I. and over 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attenthe burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service) 212-34-9633 law requires that the death Betty Flint 9105 Hobart 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. 10 FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? NO YES 208. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc. Hour a.m. While Not While be retained by at work TENDING at work 21. I certify that XXX (this hospital) attended the deceased from May 9 to May 10 1966, that (x (we) last 1966 19 66, and that death occurred a5:10 M, from the causes and on the date stated above. saw the deceased alive on. May 10 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF XX DIRECTOR M.D. Page 4 may 22d. ADDRESS PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Arnon Cemetery Great Falls Va. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR 25a. Falls Church VR A15 (4) Funera 15M 4-64







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07317 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07312 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COUNTY 2, and 3 ta P.M.3. Page n. STATE b. COUNTY ō Prince George after death. Prince George MARYLANO c CITY OR TOWN 4If outs de corporate limits, write RURAL and give negrest town) Department b (TY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 DOA Riverdale Cheverly d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS S RESIDENCE olang with form haurs a Prince George General Hospital in Item 18. Give Pages 6320 61st pl. NO F after death 3. NAME OF Last 4. DATE Month DECEASED (Type or print) Brown 21st%x 19 Raymond DEATH S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARR ED lost birthdov) Months Oavs WIDOWEO DIVORCED 24 haurs 14 June 1923 10a JSUAL OCCUPAT ON (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country 12 CIT ZEN OF WHAT during most of working life, even if retired)
Pipe Fitter INCUSTRY COUNTRY? dny New York rd "pending" in pencil i Chief Medical Examiner 13 FATHER'S NAME certificate should be executed within 14 MOTHER'S MAJOEN NAME Lucy Sanseverino Robert Brown .⊑ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, na, or unknown) (If yes give war or dates of service) 24 6588 Dorothy G. Brown Same as INTERVAL BETWEEN B. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY ONSET AND DEATH 2 Heart failure IMMEDIATE CAUSE (o) used as a burial-tra-buriol, cremotian, c writing the ward DUE TO Conditions, if any, which gave Arteriosclerotic heart disease unknown rise to immediate cause (a), OUE TO stoting the underlying cause PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 140) 19 WAS ALTOPS MEDICAL CERTIFICATION PERFORMEO? please execute the certificate. NO 20a EXTERNAL CAUSE WAS 206 OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c TIME OF IN.URY Month Doy, Year 20d IN. RY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Not While foctory, street, office bldg, etc.) FUNERAL DIRECTOR: Page at work of work 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [x], Inquiry [x], and in my apinion Natural souses Artident Suicide , Homicide death resulted from: Undetermined manner CHIEF MEGICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5-22-66 John Kehoe, M.D., Riverdale Address (Street, city, town, ar County) NAME (Type) BUR AL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (Caunity) 0 REMOVAL (Specifi 5-25-1966 Cedar Hill Cemetery Suitland, Md ADDRESS 131 11th St S.E. Wash, DC 25g REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FINERAL OIRECTOR VR A 15ME (S) Mlayley &



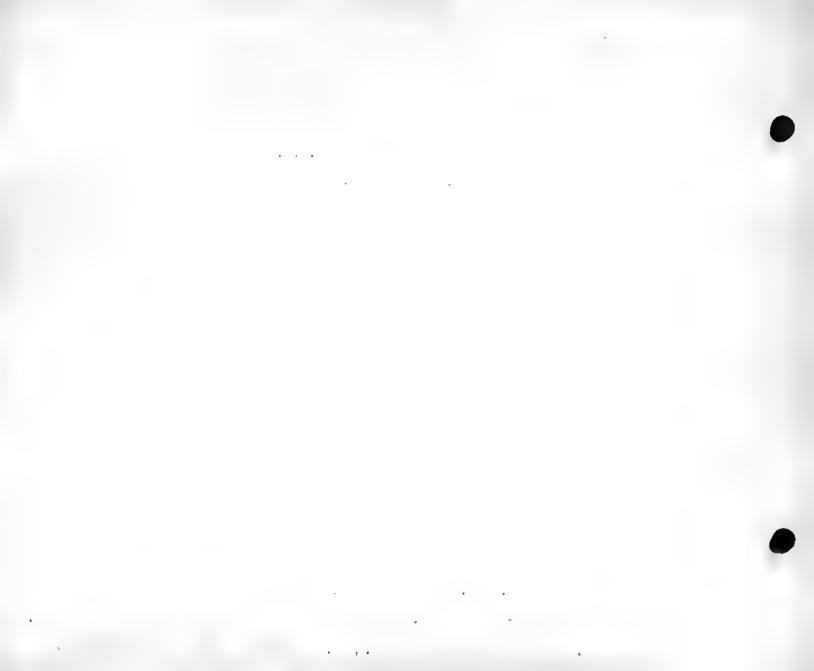
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY a. STATE b. COUNTY Prince Georges by the Pages I Prince MARYLAND Genrees b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the boun papers. Page within 72 hours a Village, Hyattsville Cheverly Kent DOA P. O. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 Columbia Prince Georges General NO X Hosp. YES within etely completely ve carbon i NAME OF First Middle Last DATE Month Year Day DECEASED event, 1 BELVA REE 4th (Type or print) BRUNSON 19 66 DEATH Mav executed 5. SEX 6. COLDR DR RACE AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Months I Days Hours and Female White Sept. 13 WIDDWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be INDUSTRY COUNTRY? Housewife At home TISA Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jessie Z. Dasher Virginia Bacon attendin ed by the attend transit permit. , cremation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) ((fives give war or dates of service) No None James W. Columbi None Brungon 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the DNSET AND DEATH al-trans PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). MITCANCE signed DHE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the prior underlying cause last. 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health certificate ND C 202. ACCIDENT WAS UNDERLYING 1 20b. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) YES this cerum detached fo PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) After this cell be detachede State Dept. EDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Hour e.m. While Not While ATTENDING at work p.m. at work 196 21. I certify that (I) (this hospital) attended the deceased from 19 co., that (I) (we) last DIRECTOR: age 3 should led with the A.M. from the causes and on the date stated above. saw the deceased alive on 5 that death occurred at and 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR __ PHYS. M.D. HOSPITAL TO FUNERAL 22c. PHYSICIAN'S director, p should be 22d. ADDRESS NAME (Type) Ge'or Hageage St. Cottage 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THERED REMOVAL (Specify)
Burial North Side Cemetery Pembroke Georgia 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR I W.W.Chambers Company. Riverdale, Md. VR A[5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07314 HEALTH DERT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY ≝ ta Page o STATE haurs after death. Prince George's MARYLAND Maryland Prince George's c CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest town) b CITY OR TOWN (I outside corporate imits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 (Bellemead) DOA Landover Hills Cheverly d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? in Item 18. Give Pages 1, r's Office along with farm 3903 74th, Avenue YES NO DO Prince George General Hospital havrs after death 3 NAME OF 4 DATE Lost DECEASED (Type or pnnt) DEATH 19 66 Thomas Burke S SEX 6 COLOR OR RACE AGE (In years 7 MARRIED B. DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED lost birthday) Hours WIDOWED DIVORCED 2-26-1903 Male White 100, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if ret red) **NDUSTRY** COUNTRY? Retired U.S. Government Chief Medical Examiner's New York U.S. A pencil 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within and Pauline Swartz Thomas Burke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) ar remayal. 517 03 0168 Lillie Burke Same as #2 (wife) IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Heart failure MMEDIATE CAUSE (0) This certificate should s a burial-tro crematian, 4 400 ward DHE TO Conditions, if any, which gave Arteriosclerotic heart disease over 6 vrs. rise to immediate couse (a). DUE TO stoting the underlying couse used as burial, c PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO X designated agent, priar ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II) of item IB) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20f. (City or fown) 20c. ItME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (County) (Stote) factory, street, office bldg , etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection DC. Inquiry x and in my opinion directar. Matura, vouses . Accident . death resulted fram: Suicide Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMINER X EXAMINER'S John Kehoe, M.D. Riverdale, Md. 5-17-66 Address (Street, city, town, or county) 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION (Stote) 0 Bur PAL Degit 5/20/66 Ft. Lincoln Colmar Manor,
EGISTRAR 25b REGISTRARS SIGNATURE Md 24. FUNERA, DIRECTOR 250 REC'D BY REGISTRAR VR A15ME (5) & Charles Francis Gasch's Sons Hyattsville, Md. 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07320 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07315 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss an) a. COUNTY a STATE 2, and 3 to PM3. Page **b.** COUNTY delay is Prince George ts
b CITY OR TOWN (floutside corporate imits,
write RURAL and give neares) tawn) MARY, AND Marvland Prince George's c LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Departy Cheverly DOA
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Upper Marlboro d. STREET ADDRESS e IS RESIDENCE olong with form hours ON A FARM? G've Pages YES NO Prince George General Hospital R.F.D. Box 2086 after death 3 NAME OF DECEASED 4. DATE Month within 72 (Type or pant) Stacy Marie Butler DEATH S SEX 9 AGE (n years 6 COLOR OR RACE IF UNDER 7 MARRIED NEVER MARRIED 5d B DATE OF BIRTH last b rthday) Months Days Haurs WIDOWED DIVORCED Female 19 April 1966 Negro event 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR It BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? poges l U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within in pencil Eugenia Sellmen E and Francis Butler IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address or removol, (Yes, no, or unknown) ((If yes give war ar dates of service) Francis Butler Same as 2 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Bronchopneumonia used os a buriol-tra buriol, cremotion, o DUF TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION GIVEN IN PART I(a) please execute the certificate, YES 🔀 NO Health or its designated ogent, prior to 20a EXTERNAL CAUSE WAS PRIMARY I OF CONTRIBUTING I 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part or Part 1 of Item 18) TAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, form, (Ety ar town) 20c T ME OF INJURY Manth, Day, Year (Equity) factory, street, office b dq , etc) FUNERAL DIRECTOR: Poge Not White at wark at work 21. I certify that I took charge of the remains described above, held an Autapsy 🔀 , Inspection 🔀 Inquiry DC. and in my opinion Accident 1 the funeral director. Natural Lauses & Suicide . death resulted from. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY DEPUTY MEDICAL EXAMINER (XC) **EXAMINER'S** John /Kehoe, M.D. Address (Street, city, town, or county) NAME (Type) Riverdale Md. 230 BURIAL CREMATION, 123b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Egunty) (State) 90 REMOVAL (Specify) Upper Marlboro 5-6-66 Mt. Carmel Nd . 125er REC D BY REG STRAR 24 FUNERAL DIRECTOR ADDRESS VR A15ME (5) Rollins 4339 Hunt Pl., N.E. 1966 Myrtle 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the Prince George's MARYLAND Marvland Prince George's b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a write RURAL and give nearest town) TOURS Cheverly Cheverly .⊑ 23 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5719 Euclid Street NO X YES T completely executed within pou 3. NAME OF Last DATE Month Day Middle Year DECEASED event. DEATH Julia Cadv 19 66 (Type or print) Μ. May 27 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED White in any Female WIDOWED T DIVORCED 5/5/98 68 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12, CITIZEN OF WHAT physician in please rival, and in 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? BWIFE FATHER'S NAME MOTHER'S MAIDEN NAME remova 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. transit permit. SAME AS (Yes, no, or unkown) | (If yes give war or dates of service) TOWNSEND The law requires that the death MRS FRANCES NONF Νo CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. nem IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last certificate has CERTIFICATION PART | |, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED 2 LCEN NO 🗭 YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Ö, OR CONTRIBUTING CAUSE OF DEATH MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc. Hour a.m. After 1 While - Not While be retained by at work at work FUNERAL DIRECTOR: A director, page 3 should should be filed with the P the alun C 21. I certify that (I) (this hospital) attended the deceased from IR from the causes and on the date stated above. saw the deceased alive onand that death occurred at. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF ATTENDING PHYS. M.D. PHYS. Page 4 may ADDRESS PHYSICIAN'S director, p NAME (Type) Comeau Dr. Norman D. 3503 Perry St. Mt. Rainier, Md. BURIAL, CREMATION, 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 9 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07322 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) n. COUNTY n STATE b. COUNTY death. Marvland Prince George's Prince George's MARYLAND b CITY OR TOWN (If outside corporate | mits. CLENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and a ve negrest town). gud write RURAL and give nearest town) District Heights Cheverly DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? hours State | Prince George General Hospital 7309 Gateway Blvd. YES 🗔 NO X Item 18. Give Pages hours after death Office atong with 3 NAME OF Middle Lost 4 DATE Month Dov within 72 DECEASED (Type or pant) Cagle DEATH Lee with S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (n veors IF UNDER YEAR IE UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthdov) Months Dovs Hours WIDOWED DIVORCED 22 May 1898 event Female White 100 JSUAL OCCUPATION (Give kind of work done 11 BIRTHP, ACE (State or fore an country) KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even fret red)
Retired - Nurse NDUSTRY COUNTRY? Alabama U.S.A. Examiner's 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME pencil be executed within Mary C. Jim Foxhall IS WAS DECEASED EVER NUS ARMED FORCES? ⊆ 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) ar removal. Coty C. Johnson 7309 Gateway Blvd 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Heart failure This cert ficate should writing the ward crematian, DUE TO Conditions, I only, which gove (b) Arteriosclerotic heart disease unknown ase to immediate couse (a) DUE TO stoting the underlying couse d lost. 05 used as burial, a 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO DE the certificate, 200 EXTERNAL (AUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part Lor Port 1 of Item 18.) shauld } PRIMARY OF CONTRIBUTING CAUSE OF DEATH MEDICALI 20c. T.M.E. OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While may be retained far yaur FUNERAL DIRECTOR: Page of work of work designated 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection x Inquiry 🛨 🗸 and in my opinion Natural causes X Homicide . death resulted fram Accident [Undetermined monner Suicide . the funeral directar CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be r TO FUNERAL Health ar i DEPUTY MEDICAL EXAMINER & **EXAMINER'S** Riverdale, Md. NAME (Type) John Kehoe, M.D. Address (Street, city, fown, or county) 23a BURIAL, CREMATION, 73h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) REMOVAL (Specify) 5-16-66 Augusta Georgia Au usta Georgia 4 FUNERAL DIRECTOR ilhelm Funeral Home 4308 Suitland Rd Suitland VR A15ME (5) Maryland 6M 1/66



1 /	Division of STATIST	MAKYLAND STATE CICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET,		AND 21201	
(M) 673	23	CERTIFICA	TE OF DEATH		57318	
i. PLACE OF DEA a. COUNTY b. CITY OR TON write RURA	Prince Geo	orges MARYLAND	2 USUAL RESIDENCE (Where			
b CITY OR TON WITE RURA Univers d NAME OF HE	(N (If autside carparate limits, and give pearest town)		c CITY OR TOWN (If autside		(AL and give nearest town)	,
Univers	TUJ GIR P	ld.		sity Park,		/
	07 44th av	t in haspital, give street address)	6707 44th	ave	YES T	ESIDENCE A FARM? NO 5
3 NAME OF DECEASED (Type or print)	Florence	2.6 2 12	lo in	DATE Mont OF DEATH May		Year 19 66
S SEX female	6 COLOR OR RACE white	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH Jan 12, 1891	9. AGE (In years tast birthday)	IF UNDER I YEAR IF UN Manths Days Hou	DER 24 HRS rs Men.
10a USUAL OCCUPA during mast of war Houses	TION (Give kind of work done sing life, even if refired) /1ie	10b KIND OF BUSINESS OR NDUSTRY. Own Home	11 BIRTHPLACE (County & Stol		12. CHIZEN OF WHAT	
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME			
Charle	s J. Macbeth		Alice Mor	fort		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S ARMED FORCES?	16 SOCIAL SECURITY NO	7. INFORMANT	Addre		5
no		none	James M. Cain	Same as #2		
18. CAUSE C	DEATH WAS CAUSED BY.	se per line far (a), (b), and (c).)	1 Instant		INTERVAL E ONSET AND	D DEATH
420	IMMEDIATE CAUSE (A digital		- Car	
Conditions, if	any, which gave)	(b) Artempler	Tu Acris No	sie	yen	2
	diate cause (a), DUE	, ,				
lost.)	(c)				
PART II OTHI	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS A PERFOI	UTOPSY RMED? NO 🔀
OR CONTRIBU	WAS UNDERLYING ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Part I	or Part II of item 18.)		
20c TIME OF	INJURY Manth, Day, Year a.m. p.m. 19	20d INJURY OCCURRED White Not White of work of wark	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	20f. (City ar town)	(County)	(State)
		pital) attended the deceased fram	, 19 6		, 19 <u>6 G</u> that (I)	(we) last
	deceased alive on	1966, and	hat death accurred at 🔏	AM, from causes		ed abave.
22a. SIGNAT	X tong &	DESTERNA	M.D. PHYS MED.	CTOR STAFF	22b. DATE SIGNED May 5, 196	6.
/ 22c. PHYSIC NAME (AN'S Donald	C Edgren	Pro George	s Plaza Hy		· ·
23o. BJRIAL, CREA	ATION, 236. DATE THE	REOF 23c. NAME OF SEMESTERS		23d. LOCATION (City or To	A	(State)
Creyns				Colmar Mar		Md.
24 FUNERAL DIR	CTOR	ADDRESS	2Sa. REC'D BY	REGISTRAR 25b RE	GISTRAR'S SIGNATURE	fo
Francis	Gasch's Sor	s Hyattsville, Me	DAMAY 9	1966	cores may	Aug.



-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	MARVIAN
	C7324 CERTIFICATE OF DEATH	0731
	1. PLACE OF DEATH a. COUNTY PRINCE GEORGE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution in the country	De.
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown) HYATTS VIILE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) C. CITY OR TOWN (if outside corporate limits, write RURAL end WAS IN INGTON O STREET ADDRESS D. C. CITY OR TOWN (if outside corporate limits, write RURAL end WAS IN INGTON O STREET ADDRESS D. C. CITY OR TOWN (if outside corporate limits, write RURAL end O STREET ADDRESS O STREET	19 e. IS :
	CARROLL MANOR 4922 LASALLERS 3000 CONNECTICUT 3. NAME OF DECEASED DECEASED OF Month	PVE YES [
	(Type or print) ALEEN M. CAILAGHAN DEATH MAY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOV. 20, 1895 MOV. 20, 1895 Months TO yrs.	19 1 YEAR IF UNDE Days Hours
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP. ACE (County & State, or fore gn country) 12. Cit done during most of working life, even if relired)	TIZEN OF WHAT
	DANIEL CALLAGHAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive war or deless of service) WORD LANC Address Address	
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Congactive Heart Faulure Conditions, if any, which gave rise to immediate ceuse (a), staling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	INTERVAL BE ONSET AND
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 2008. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH URLE CAUSE OF DEATH URLE CHARGE. NOTIFY MEDICAL EXAMINER)	YES T
	Hour a.m. While Not While lectory, street, office bldg., etc.)	ounty)
	saw the deceased alive on 5 / 25	the date state
]	22c. PHYSICIAN'S NAME (Type) MIMAM SACCARDI 22d. ADDRESS CON AND N. M. M. SACCARDI 23d. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATION 23d. OCATION (City, town or courrend of the control of the contro	(עות
1	24 FEMMERAL DIRECTOR'S SIGNATURE ADDRESS VALUE STATE OF CHARLES SIGNATURE ADDRESS VALUE OF SIGNATURE OF	P3.



WINK!	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
777	C7325 CERTIFICATE OF DEATH	77220			
24 hours after death. filled in by the funeral apers. Pages 1 and a 72 boors after death.	1. PLACE OF DEATH a. COUNTY Prince Geo. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: R b. COUNTY Md. Prince Ge Prince Geo.				
ours after d in by the fun Pages 1 a	b. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town) College Park c. CITY OR TOWN (if outside corporate limits, write RURAL College Park	, end give nearest town)			
1 24 hour papers. Hing 72 bod	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Leland Memorial Hospital 3503 Metzerott Road	e. IS RESIDENCE ON A FARM? YES NO .			
executed within : 1 and completely f remove carbon p n any event, within		Day Year 3 19 66			
xecuter and con remove any con	III WILL CO WIDOWED DIVORCED 5-27-1899 OO yrs.	Days Hours Min.			
a so si	during most of working life, even if retired) INDUSTRY C	USA			
death certificate ne attending physi permit. Then ple you, or removal, a	Harvey Cavileer 15. Was Deceased ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) ((If yes give war or dates of service) 15.70 0.07 77.700.4	a ke			
leath e att	no Myrtle S. Cavileer				
law requires that the death certification physician. I as fleem signed by the attending as the burlal-transit permit. Then prior to burlal, prematch, or remo	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH			
ilres the physic physic signe burial-librial-l	Conditions, If any, which gave rise to immediate (b) DUE TO Superardial Justine (b)				
w requestions as lies as the reference of the reference o	cause (a), stating the DUE TO Critico - Aschrool Scart Jks	Lea Mar AllTobox			
N: The la tal or att ifficate For use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	YES NO Y			
SICIAN: hospita to chell for or it	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	_			
IDING PHYSICIAN: The Ised by the hospital or at After this certificate led be letached for use the State Dupt. of Health	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work	unty) (State)			
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate llas lieer signed by the director, page 3 should be lletachell for use as the burial-transit apould be filed with the State Dapt. of Health prof. to burial, tremst	21. I certify that (I) (this hospital) attended the deceased from	that (I) (we) last the date stated above.			
D HOSPITAL OR ATTENDI Page 4 may be retained or FUNERAL DIRECTOR: A director, page 3 should phould be filed with the	22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S (22d. ADDRESS)	3/66/			
O HOSPITA Page 4 ma O FUNERM director, p	NAME (Type) L. C. ETIENIE 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town of co	(S/ate)			
E E E E	REMOVAL (Specify) Burial May 7, 1966 Greenlawn Cemetery Newport News	Va.			
VR AI5 (4) 20M I/65	F. Gasch's Sons Hyattsville, Md.	Judge			
	TO GAROU'S FULLOW STORE 5/9/1	U			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Prince Georges ges 1 Prince Georges Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pagi iin 72 hours a þ Z, Cheverly 1 day Navlor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 event, within Prince Goerges General Hospital YES X NO within etely carbon 3. NAME DE Middle Last DATE Month Day DECEASED DF (Type or print) Eleanor Ex Fene Chaney DEATH May 1566 xecuted 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. remove last birthday) Months Days Hours and any Female White WIDOWED [DIVORCED ll Feb.. 62 1904 10a. USUAL DCCUPATION (Give kind of work done I = 10b. KIND DF BUSINESS DR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? lease and ir during most of working life, even if retired) INDUSTRY The law requires that the death certificate be Housewife Tenent Virginia U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then remova Charles Page Webb Ada Washington Maston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address 6 (Yes. no. or unkown) ((If yes give war or dates of service) the atte No cremation, Louis Henry Chanev-Same as Item #2 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ٰ ب been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician, 100 DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last. (c) 88 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO 17 YES 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While at work Not While ATTENDING p.m. 19 at work retained DIRECTOR: A age 3 should lied with the ? 21. I certify that Dr (this hospital) attended the deceased from that UY (we) last and that death occurred at 9, 20 M from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED **6** 9 filed ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. 4 may FUNERAL 22c. PHYSICIAN'S 22d ADDRESS director, p should be 1 NAME (Type) ck Henry 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. LDCATION (City, town or county) Burial (Specify) 2 66 Smithville Cometerv Smithville Md 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Bros. Upper Marlboro. A15 20M 1/85



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE letely filled in by the rbon papers. Pages 1, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) orest ville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? ND X YES completely five carbon p NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF event, 1 A (Type or print) DEATH 19 SEX and cor 6. COLOR AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. RACE 8. DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Months any Days Hours WIDOWED DIVORCED attending physician a semit. Then please re in, or removal, and in a Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? þe during most of working life, even if retired) 21.5 4 The law requires that the death certificate mond FATHER'S NAME 1eA 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMAL Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) ((If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN 18. ONSET/AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which **(b)** gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. DTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health use PERFORMED? certificate NO IT YES PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING [7] DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) ö DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) tached this MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 횽 be de State factory, street, office bldg., etc.) Hour a.m. After Not While While p.m. 19 at work at work Page 4 may be retained should ith the S 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 71/0 p.M. from the causes and on the date stated above. saw the deceased alive on. 19*66* 22a. SIGNATURE 22h. DATE SIGNED MED. DIRECTOR STAFF ATTENDING ADDRÉSS M.D. PHYS. TO HOSPITAL FUNERAL PHYSICIAN'S 22c. director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR VR AIS (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

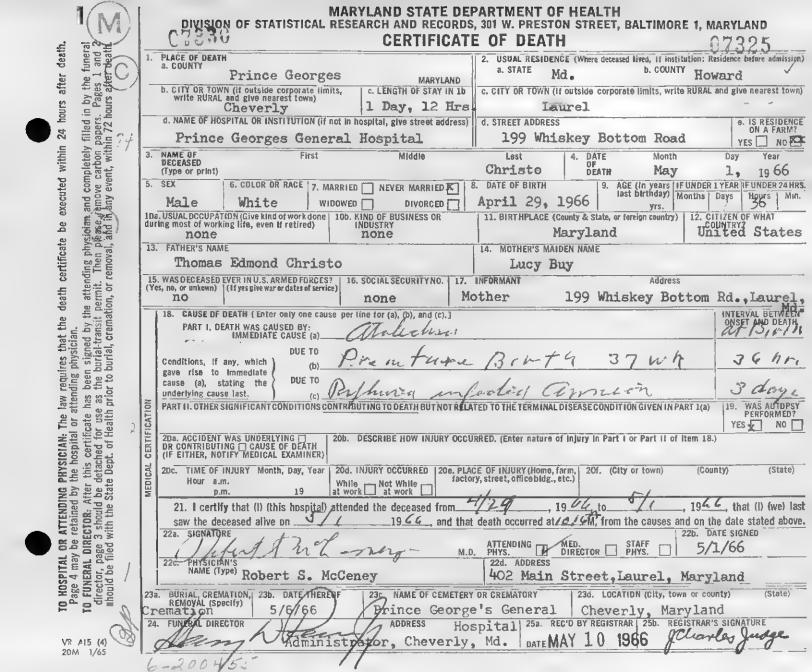
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH deat 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, Prince MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give hearest town) C. LENGTH OF STAY IN 1b rbon papers. Page, within 72 hours a write RURAL and give nearest town) 24 hours Cheverly College d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? George General Hospital 6905 Baltimore YES NOX wenne within NAME OF First Middle DATE Month Oay Last 4. Year DECEASED complete ve carb event, 1 THOMAS ANDREW (Type or print) CHRISTENSEN DEATH Mav 19 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO NEVER MARRIED Male White WICOWED DIVORCEO [.908 58 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be INDUSTRY COUNTRY? Medical Doctor Medical Newbort II. S. A 13, FATHER'S NAME MOTHER'S MAIDEN NAME removă been signed by the attending the burial-transit permit. Then it to burial, cremation, or remon Michael Andrew Christensen Katherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Same as #2 (Yes, no, or unkown) (If yes give war or dates of service) Yes WW Mrs. Kathryh None Christensen 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that tl be retained by the bospital or attending physician. IMMEDIATE CAUSE (a DUE TO Cenditions, if any, which gave rise to immediate **OUE TO** as the cause (a), stating the underlying cause jast. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) this certificate ha etached for use a Dept. of Health p WAS AUTOPSY PERFORMED? 19. NO 🖪 YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) DIRECTOR: After this cage 3 should be detach MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at Colomb, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MEO. DIRECTOR ATTENDING M.D. PHYS O FUNERAL D director, pag should be file Page 4 may 22d. AODRESS PHYSICIAN'S NAME (Type) Street N.W. Wash. D.C. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. REMOVAL (Specify)
Burial Arlington Arlington National Virginia FUNERAL DIRECTOR ADDRESS Y 6 1966 CHAMBERS CO. Riverdale. VR A15 (4) OATE 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 after MARYLAND b. CITY OR TOWN (if outside corporate Limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled ON A FARM? within 72 ge NO X etely NAME DE DATE Month Day BECEASED OF (Type or print) DEATH 19 executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED WIDOWED X DIVORCED 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? HOUSE A certificate 14. MOTHER'S MAIDEN NAME remova The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? ransit permit. INFDRMAN1 (Yes, no, pr unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for burial transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) Line by gave rise to Immediate DUE TO cause (a), stating the Drior 1 underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 19. WAS AUTOPSY for use Health PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) detached file Dept. of I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Affer Id F While Not While p.m. 19 at work at work 21. I certify that (i) (this-hospital) aftended the deceased from DIRECTOR: age 3 should led with the 19 66, and that death occurred at 7:357M, from the causes and on the date stated above. saw the deceased alive 22a. page MED. DIRECTOR STAFF EML HYSICIAN'S director, p NAME (Type) BURIAL, CREMATION. 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) FUNERAL DIRECTOR 1966 VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before demise p. COUNTY D STATE b. COUNTY Prince George P.M.3. Page of MARYLAND Prince George and 3 b. CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c E TY DR TDWN (If outside corporate limits, write RURAL and give nearest town) after DOA Upper Marlboro Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a IS RESIDENCE haurs ON A FARM? Marlboro Hotel Give Pages Prince George General Hospital YES NO 3 24 hours after death 3 NAME OF Lost 4 DATE Doy Year DECEASED OF (Type or print) Hines Clark Jr DEATH 19 Leonard S. SEX 6 (OLOR OR RACE DATE OF BIRTH AGE (n years IF UNDER 1 YEAR F UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours Item 18. WIDOWED DIVORCED 28 Sept. 1913 100 USUAL OCCUPATION (Give kind of work done 106 K ND DF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even it retired).
Alr Force - 1.W#2 Louisiana any .⊑ pages in any 13 FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME This certificate should be executed within Leonard H. Clark Eva Hill pup Ē IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address removal, J.E. Hixson & Sons, Lake Charles, La. MU#2 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY. ONSET AND DEATH Heart failure 5 IMMEDIATE CAUSE (o) __ used as a burial-trar burial, crematian, a e, writing the ward farwarded to the CF DUE TO Conditions, if ony, which gave Arteriosclerotic heart disease rise to immediate couse (a), DUF TO stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, NO 3 YES 🔲 or its designated agent, prior to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE DE DEATH 20c TIME OF N.JRY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (Stote) WED Hour om. Not While foctory, street, office bldg . etc.) FUNERAL DIRECTOR: Poge ot work at work 21. I certify that I took charge of the remains described obove, held an Autopsy , Inspection x. Inquiry (3) and in my apin an death resulted fram. Natural couses St. Accident Suicide [], Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY John Kehoe, M.D., Riverdale, Md DEPUTY MEDICAL EXAMINER 🔂 5-22-66 **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Egunty) (Stote) 0 Crowley, Louisiaha Crowley Cemetery Malley's Funeral ADDRESS Mt. Rainier 250, RETO, BY REGISTRAS 1368 VR A15ME (5) Maryland Home Inc. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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FOR STATE.	C7833	TATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER	5/2/65 pc 'S CERTIFICATE OF DEATH	07328
HEALTH DEPT	1 PLACE OF DEATH D. COUNTY		2 USUAL RESIDENCE (Where deceosed I	ved if institution: Residence before admission) b. COUNTY
> m 0 1 6	 b. CTY OR TOWN (If outside corpore write RURAL and give nearest town 	te imits, c LENGTH OF STAY IN 16	c CITY OR TOWN (1 outside corporate Suitland d STREET ADDRESS	n ts, write RURAL and give nearest town)
r death If uny delayer by Pages 1, 2, and 3 youth farm PM3. Photostote Department 72 hours after denoted	Prince George	General Hospital	4824 Eastern Lan	
after death. If a dang with the State De with the State De within 72 hours	1,71,4 10 10 10 10 10 10 10 10 10 10 10 10 10	First Middle Charliene Clark	Clarke OF DEATH 9 AG	Month Doy Year 5 19 19 66 E (In years IFUNDER 1 YEAR FUNDER 24 HRS
d within 24 haurs after death I in pencil in Item 18. Give Pages Examiner's Office along with fair File pages and within 72 hours and in any event within 72 hours	F W	WIDOWED DIVORCED	4 July? 1895 77	buthday) Months Days Hours Min.
thun 24 hound in the miner's Office of pages and in any even	during most of working life, even if retired 1100'S WITE) INDUSTRY	Oneida, New Yorl	CONTRY?
d within in penci Examir File pa	Silas M. Clarke	ORCES? 16 SOCIAL SECURITY NO	Etta Babcock	Address
be executer "pending" ief Med.cal insit permit. or remaval,	(Yes, no, or unknown) (If yes give wor or	dotot of conneal	Dorothea-Jeanne Ryde:	INTERVAL BETWEEN
The property of the property o				ease Over 5 yrs.
this certificate, writing the farwarder be used as ta burial, c	PART II OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED		YES NO
TO DEPUTY MEDICAL EXAMINER: The necessary, please execute the certificathe funeral director. Page 4 shauld be 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be leafth at its designated agent, prior	NOTIFY III 200 EXTERNAL CAUSE WAS PRIMARY III OF CONTRIBUTING III CAUSE OF DEATH 20c. T.ME OF INJURY Month, Doy, Hour o.m.		PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)	y or town) (County) (State)
20c. T.ME OF INJURY Month, Doy, Yeor Hour o.m. 19 20c. M. J.				x, Inquiry , ond in my opinia ermined manner
O DEPUTY MEDICA necessary, please es the funeral directar. 5 may be retained O FUNERAL DIRECTO Health ar its design	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	ohn Kehoe, M.D., River	M.D. ASSISTANT MEDICAL EXAMINER	5-19-66
TO DE THE PERIOR HEAD!	DEMOVAL (Speciful	ATE THEREOF 23c. NAME OF CEMETERY 4-66 Jashin_ton ADDRESS		ON (Cdy or Town) (County) (Stote) and Maryland 256 REGISTRAR'S SIGNATURE
VR A15ME (5)	Wilhelm Funeral H	ome 4308 Suitland Rd	Suitland MAY 2 5 196	





1 (MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH	1001
FOR STATE	C7335 MEDICAL EXAMINER'S	OF W. PRESTON STREET, BALTIMORE, MARYLAND 21 CERTIFICATE OF DEATH	07330
HEALTH DEPT.	PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived if institution: Reside o STATE b. COUNTY	
ath It delay is ages 1, 2, and 3 ta ith farm PM3. Page State Department of 2 haurs after death.	b CITY OR TOWN (If outs de corporate limits write RURAL and guive_nearest town) Cheverly DOA	C CITY OR TOWN (f outside corporate imits, write RURAL and gr	ive negrest town)
epar aftr	d NAME OF HOSP TAL OR INSTITUTION (If not in hospitoligies decreased)	d STREET ADDRESS	e IS RESIDENCE
form form	Prince George's		ON A FARM? YES NO
after death It. 8. Give Pages 1, along with farm with the State Dewithin 72 hours	3 NAME OF First Middle DECEASED (Type or print) Melvin NMT	Collins OF May	7 19 66
		B DATE OF BIRTH 9 AGE (n years less bringay) unknown / 9/3 about 5% Months	R YEAR F JNDER 24 HRS Days Hours Min
This certificate shauld be executed within 24 haurs after death I cate, writing the ward "pending" in pencil in Item 18. Give Pages be farwarded to the Chief Medical Examiner's Office along with far be used as a burial-transit perm to File the state of the burial, cremation, or remaval, and to a sevent within 72 haured.	100 USLA. OCCUPATION (G ve kind of work done during most of working life, even if retired) 13. FATHER'S NAME 13. FATHER'S NAME	RODA VA -	CITIZEN OF WHAT PUNTRY?
d within in pencil	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	14 MOTHER'S MAIDEN NAME	
executed nding in Medical perm t	(Yes, na, ar unkna wn) (If yes give, war ar dates af service) 4 E S	EAHL COLLINS 708N. MA	DIERA ST
shauld be execute to ward "pending" to the Chief Medical bural-transit perm t matian, or remaval,	IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Aspiration of		INTERVAL BETWEEN MINUTES TO STAND DEATH
auld ward he Cl tal-tr- tian,	222 DUE TO Conditions if ony, which gove) (b) Changing of only		over20 yrs
ficate shauld ing the ward ded ta the C as a burial-tr 1, cremation,	rise to immediate couse (a), stoting the underlying couse lost.	IOLISM	over20 yrs.
his certificate, writings ate, writings e farwarde be used as ta burial,	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINA. D SEASE COND T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES \ NO \
INER: This recrificate, should be far files. 3 should be used to should be used to should be used.	CAUSE OF DEATH.	(Enter nature of injury in Port I or Part II of item 18.)	
Z o K T E E	20c TIME OF INJURY Month, Day, Year Hour a.m. 19 While at work at work 19 at work 19	CCC OF INJURY (Home, form, 20f (City or town) (City, street, affice bldg., etc.)	(ytone) (ytone
TO DEPUTY MEDICAL EXAMINER: The necessary, please execute the certificative fundal director. Page 4 should be 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be realth or its designated agent, prior	21. I certify that I taok charge of the remains described above, he death resulted fram: Natural causes (Accident), Suice	tide [], Homicide [], Undetermined manner [ond in my opinion
JTY MEDINA IIIV, please e IIII directar be retained RAL DIRECT ar its design	ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY necessary, p the funaral 5 may be re 0 FUNERAL Health ar it:	EXAMINER'S NAME (Type)	DEPUTY MEDICA, EXAMINER (3)	5-8-66
TO DI nece the 5 mc	230 BURIA CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR REMOVA Specify May 15/66 Oakhill	Kuto sport Ten	(County) (State)
VR A15ME (5)	24 HINERAL DIRECTOR ADDRESS	7254 RECOBY REGISTRAR 1255 REG STRARS	SIGNAL BY Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07336 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased tived, if institution Residence before admission) I PLACE OF DEATH o COUNTY o. STATE b. COUNTY D.C. Prince Georges carban papers. Pages 1 nt, within 72 hours after MARYLAND b CITY DR TDWN (If outside corporate mits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate fimits, write RURAL and give nearest town) write RJRAL and give negrest tawn) Washington Glenn Dale (rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE campletely filled in ON A FARM? Glenn Dale Hospital 2061 Park Road, N.W. YES NO X NAME OF Middle DATE Manth Year Day DECEASED Cooksey 12. 19 66 May L. Rose (Type or print) DEATH 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED AGE (n years **NEVER MARRIED** last buthday) Months Days Hours 11/5/1918 White IX Female DIVORCED WIDOWED and (12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done burial, crematian, ar remaval, and in COUNTRY? during most of warking life, even if retired)
Housewife INDUSTRY Washington, D.C. 14 MOTHER S MAIDEN NAME 13 FATHER S NAME George Melling Julia Collins 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) Decedent None 18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY Acute pyelonephritis and right perinephritic abIMMEDIATE CAUSE (a) scess(2 weeks) treated by right nephrectomy, 5/6/9 INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Page 4 may be retained by the haspital ar attending physician. Multiple renal calculi unknown Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse **D FUNERAL DIMICTOM:** After this certificate has been directar, page 3 should be detached for use as the should be filed with the State Dept af Health priar ta Multiple sclerosis approx.11 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X МĐ 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Store) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, affice bldg., etc.) While Not While 19 at wark at wark 21. I certify that (this hospital) attended the deceased from 5/12/, 19 66 that XIX (we) last 8/30/ 19<u>63</u>, to 5/12/ 1966, and that death accurred at 12:45 After causes and on the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22a. SIGNATURE 5/12/66 M.D. DIRECTOR Glenn Dale Hospital 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 23a. BJRIAL, GREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) SURIAL 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 3603 VR A15 [4] 20 M 1/66

24 hours after death.

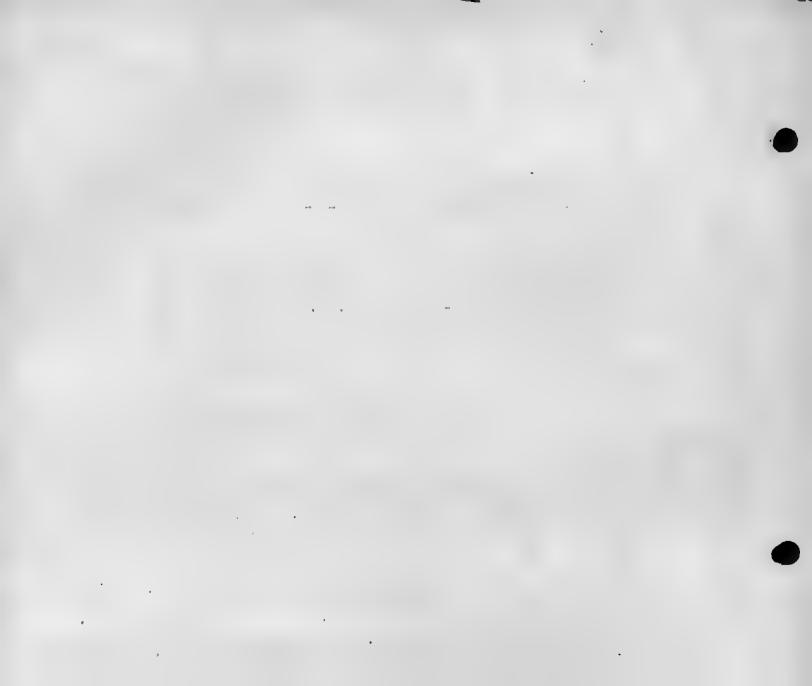
within

requires that the death certificate be executed

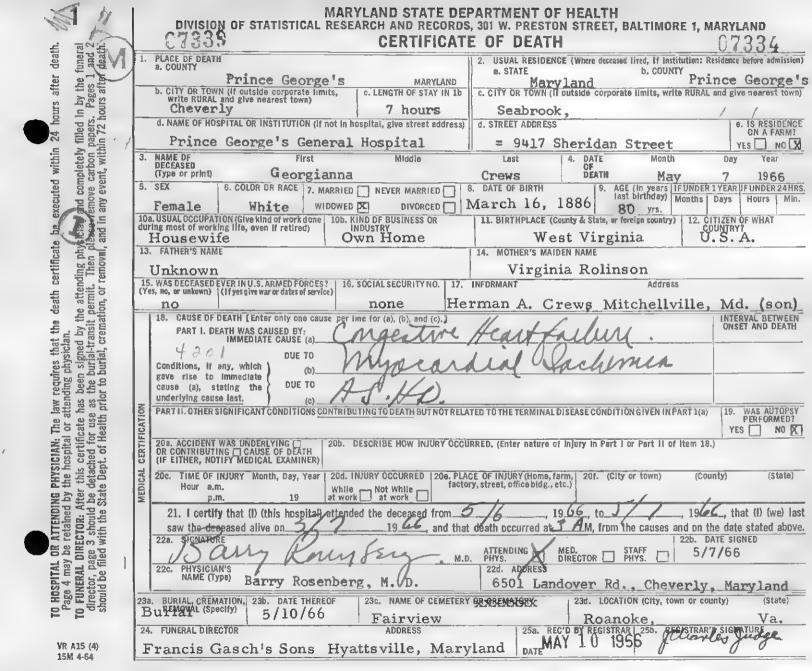
. .

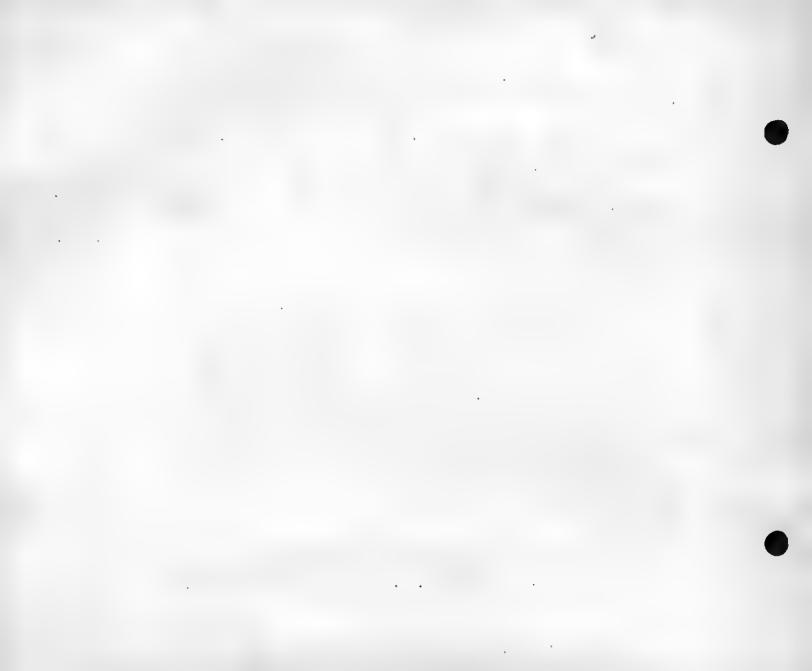
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY 42g Prince George's Marvland Prince George MARYLAND by th b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give since) address? d. STREET ADDRESS e. IS RESIDENCE 5602 ON A FARM? .st Prince George's General Hospital YES NO 🔀 3. NAME OF DECEASED DATE Month OF within (Type or print) DEATH Frederick Cooper 9 19 Mav 66 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE QE BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) event, Months Male WIDOWED KIK DIVORCED 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even If ratired) Retired U.S.A. Barber & Ross England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā Matilda Thompson Daniel Cooper 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Hyesgivewerordates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) (a), steting the underlying PERFORMED? NO detached for 20e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I) or Pert II of item 18.) of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) factory, street, office bldg., etc.) Not While DIRECTOR: 21. I certify that (I) (%%%%%%%) attended the deceased from....approx....15, yles..., to..May...9..........., 1966, that (I) (see last 22a. SIGNATURE 22b. DATE director, page 3 ATTENDING STAFF SIGNED page with th Don PHYS. DIRECTOR PHYS. Page 5/9/66 22c. PHYSICIAN'S 22d. ADDRESS 3101 Arundel Rd. Mt. Rainier, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, 23b. DATE THEREOF (Stete) REMOVAL (Specify) Hyattsville, Md. Geo. Wash. Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mt.Rainier 25g REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hary land

RYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF STATISTICAL RESE	YLAND STATE DEF ARCH AND RECORDS	'ARTMENT OF HEALTH , 301 W. PRESTON STREET, B	ALTIMORE 1. MARYLAND
, 4 <u>60</u> 4	C7338	CERTIFICATI		97333
death. funeral and 2 death.	1. PLACE OF DEATH a. COUNTY			lived, If Institution: Residence before admission)
Affect of the state of the stat	Prince Georges	MARYLANO	Maryland	b. county Pr. Georges
Page 2	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		B limits, write RURAL and give nearest town)
S. Sod	d. NAME OF HOSPITAL OR INSTITUTION (IF not in h	15 nonths		gland //-/
24 hours filled in by papers. Papers in 72 hours			d. STREET AODRESS	e. IS RESIDENCE ON A FARM?
	Suitland nursing Home,	-MC.	5205 Wentworth	Month Oay Year
executed within 24 I and completely filled remove carbon paper I any event, within 72	3. NAME DF First DECEASED (Type or print)		Last 4. DATE DF DEATH	May 8. 1966
rted com ve c	5. SEX 6. COLOR OR RACE 7. MARRIED		. DATE OF BIRTH 9. AGE	(In years IFUNDER 1 YEAR IF UNDER 24 HRS.
executed an and cor e remove in any eve	D WIOOWED	7	ec; 11, 1879 86	birthday) Months Days Hours Min.
	during most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State, or for	
icate be (physician n piease i	Saleslady	etired	montgomery Co.	Ind. L.S.G.
ifica g ph len oval	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
d The The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	annie Offut	Address
he death certifica the attending ph sit permit. Then mation, or removal	[(Tes, no, or unkown) (If yes give war or dates of service) 57	9-01-1804)&C	15 Awentworth Dr.
the perior	18. CAUSE OF DEATH [Enter only one cause per l	UMIKO	<u>rda Counselman Oa</u>	INTERVAL BETWEEN
ulres that the death certifica thysician, a signed by the attending phe burial-transit permit. Then burial, cremation, or removal transit of the burial of t	DADT I DEATH WAS CALLEED DV	mary orchisio	74	ONSET AND DEATH
that sicial sicial al-tr	4 2 0 / DUE TD			
phy phy buri	Conditions, If any, which (b) ATA	uro schrotic	Curdio Vasculay.	Research
law requires that the tending physician, has been signed base the burial-tran prior to burial, cre	gave rise to immediate cause (a), stating the DUE TO	ed and		
tten has as Prio	anderthing cause tast. (6)		TENTOTHE TERMINAL OISTART CONDITIO	NGIVEN IN PART I(a) 119. WAS AUTOPSY
he or a ate use atth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING 20b. (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THIS TO DEATH BOT HOT KEEK	ED TO THE TERMINAL OISEASE CONDITIO	PERFORMED?
_ 0 - 0 -	20a. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury in Part I o	
SICIAN hospit certiched pt. of				
HW. This eta	12	factor	E OF INJURY (Home, farm, 20f. (City of street, office bidg., etc.)	or town) (County) (State)
	B P.m. 19 at worl	I NOT WITTE I	y active the mine mine to the control	
	21. I certify that (I) (this hospital) attend	/ /	/	19/, 19_66 that (I) (we) last
ATTENI RECTOR: 3 should with the	saw the deceased alive on 4/19/1	00 19 , and that	death occurred at 10-10M, from th	e causes and on the date stated above.
AL OR ATTEN may be retain to breefor. At Director. page 3 show e filed with the trince Grant control of the con	For 2 tienne holon	M.O.	ATTENDING MED. SPHYS. DIRECTOR P	TAFF 5/9/1966
HTAL H may FRAL Or, Pa De fill	22c. PHYSICIAN'S		22d. AOORESS	713.
HOSPITAL OR Page 4 may be FUNERAL DIRE d'rector, page 3 should be filed y	Name (1966) Etienne Szol		2 Parkway Dr.	forest ligts., Ind.
TO HOSPITAL OR Page 4 may be of truckar DIRE of Truckar DIRE of Trector, page should be filed.	23a. BURIAL, CREMATION, 23b. DATE THEREOF	P. COLCATION CONTRACTOR		ON (City, town or county) (State)
	Burial 5/11/1966	Rockville Cer	1 25a. REC'D BY REGISTRAR	cville Maryland
VR A15 (4) (1)		Bethesda, Mary		gCharles Judge
20M 1/65	I 		I DATE	0-0





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral death. and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY completely filled in by the 1 we carbon papers. Pages 1 event, within 72 hours after hours after Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if putside corporate limits, write RURAL and give nearest town) Cheverly Bowie day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince George's General Hospital 12319 Firtree NO. YES executed within NAME DE First DATE Month Last Day Year DECEASED OF DEATH 19 66 Margaret Dawson 5 (Type or print) May 5. SEX 6. COLOR OR RACE | 7. MARRIED XX NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove birthday) | Months | in any Davs Hours and White 8/7/07 Female WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician lease and it INDUSTRY certificate be COUNTRY? Housewife Ohio S or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME has been signed by the attending plass the burial-transit permit. Then prior to burial, cremation, or remova Scheuler Jacob Jody Mae Locke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) | (If yes give war or dates of service) 578-05-4699 Husband same 18. CAUSE OF DEATH [Enter only one cause pen line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate Let Coronary **DUE TO** (a), stating underlying cause last. TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prio CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL MISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTDPSY PERFORMED? YES XX NO PHYSICIAN: T the hospital (2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MIIIICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While OR ATTENDING I p.m. 19 at work at work 192 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last G, and that death occurred all: 42M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 7Am ATTENDING TO ROSer.... PHYS. PHYS. M.D. DIRECTOR PHYS INTAN ADDRESS 22c. 22d. NAME (Type) BURIAL, CREMATION. DATE THEREDI 23c. OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Hill 66 Cedar Cemetery Suitland, Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR 1966 VR A15 (4)



CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) dayo d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE **OR, INSTITUTION** ON A FARM? 2 YES NO IZ 11 W 12 5/189 NAME OF 4. DATE OF .M ddle Lrist Month DECEASED (Type or print) DEATH S. SEX 6. COLONFOR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours DIVORCED | WIDOWED 1 to yes. 10a USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired? DWN HOME HOWSE WI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CONDITION GIVENIN PARTICO) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d, INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work ot work p. m. 21 I certify that (1) (this haspital) attended the deceased fram. 19 60 that (1) (we) last 1966 and that death occurred at. M, fram the causes and an the date stated above saw the deceased alive on 220-310NATURE 226 DATE SIGNED ATTENDING MED. STAFF PHYS 22d ADDRESS 22c PHYSICIAN'S 230 BURIAL CREMATION. DATE THEREOF 23c NAME OF CEMETERY 23d LOCATION (City, lown, or county) (State) Mo 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ISM 9/S9



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Thrany event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ľ	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence Defore admission)			
J	Prince George's MARYLAND	a. STATE Baryland b. COUNTY nce George's			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
ı	Cheverly 23 days	Hyattsville //-/			
ı	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
1	Prince George's General Hospital	5704 36th Avenue ON A FARM?			
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year			
ı	(Type or print) Gaynor	Dingee DEATH May 2 1966			
ı	TO MARKIES THE MARKIES	8. DATE OF BIRTH 9. AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.			
ı	Female White WIDOWED DIVORCED	8-30-80 85 yrs. Months Days Hours Min.			
	1Da. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY	13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	iousewife own home	Pennsylvania			
I		14. MOTHER'S MAIDEN NAME			
ı	Peter Courter	Haney			
ı	(Vac up as surkaup) 1/15 par also was an datas of complant)	INFORMANT Address			
ı	no	orothy C Dingee Hyattsville, Md.			
I	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1				
ı	PART 1. DEATH WAS CAUSED BY: Crefice Hermithey ONSET AND I				
ł	4200 DUE TO C. 1. C.	1_ "			
ı	Conditions, If any, which) executions (b)	tursdeen			
ı	gave rise to Immediate Cause (a), stating the DUE TO Cause (a)	1 - Mart Cate			
ı	underlying cause last. (c)	for Chitereschote Heat Dear			
ı		TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?			
	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
ı	20c. TIME OF INJURY Month, Day, Year About Mile at work at wor				
ı	While Not While at work at work				
ı	21. I certify that (I) (this-hospital) attended the deceased from 4-9, 1966, to 2, 1966, that (I) (we) last				
ı	saw the deceased alige on 5 1 1926, and that death occurred at 10:50, from the causes and on the date stated above.				
ı	22a. SIGNATURE 22b. DATE SIGNED				
ı	M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D			
ı	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS			
ı	Aaron Destz, M.D.	Prince George's Plaza, Hyattsville, Md.			
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, town or county) (State)				
	Burial May 6, 1966 Lower Baptist Cemetery Militown Pa.				
	24. FUNERAL DIRECTOR ADDRESS " Gasch's Sons Hvattsville, Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
	F. Gasch's Sons Hyattsville, Md.	MAY 5 1966 Scharles Judge			

VR ALS (4) 2DM 1/65 475-34

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. countraince Georges by the f Pages 1 urs after Prince Georges MARYLANO b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) within 72 hours Huattsville filled in uears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4325 Van Buren St. Univ. Park Huatts. NO. completely pon NAME OF Middle DECEASED 19 66 event, Disney Virginia May (Type or print) Laura DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED Tomalo WIDOWED X OIVORGED T 92 10. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physieian certificate be COUNTRY? dousewise Own home 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетома attending p Emmaline Price William 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT transit permit. death (Yes, no. or unkown) (If yes give war or dates of service) Wilber E. Overlook Dr. S.S. Md. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit | burial, cremat signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) peen geve rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO TH YES 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20d. INJURY OCCURRED Hour a.m. Not While After at work at work 1965 1966, that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from. fo FUNERAL DIRECTOR: director, page 3 should should be filed with the and that death occurred at saw the deceased alive on ... M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may PHYSICIAN'S 22d, ADDRESS NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City, town or/county) (State) 23b. DATE THEREOF Cedar Hill Cemetery Suitland. Maryland REC'O BY REGISTRAR VR A15 (4) umphrey. 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY o STATE b. COUNTY delay is ond 3 to A3 Poge Prince George's
b CITY OR TOWN (If outs de corporate limits, Prince George's MARYLAND Maryland c CITY OR TOWN (if outside corporate imits, write RURAs and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give nearest town) Forest Heights Cheverly DOA d NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? Office along with farm hours with the Stote [within 72 hour pencil in Item 18. Give Pages Prince George General Hospital 11 Delaware Drive NO X be executed within 24 hours ofter death 3 NAME OF Middie Lost 4 DATE Day DECEASED (Type or pnnt) Disney 3r William Calvin DEATH 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months lost birthdoy) Hours WIDOWED DIVORCED and 2 25 Sept. 1895 White 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life even if retired) C Marbenter COUNTRY? Maryland rd "pending" in pencil in Chief Medicol Exominer's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Rachael L. Disney Nicholas M. Disney File pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give wor or dates of service) or removal, Mary G. Disney (Wife Samo as # 2. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (b) Acute coronary occlusion, anterior descending s o buriol-tro cremation, r This certificate should writing the word DUE TO be forwarded to the Conditions, if any, which gave (b) Arteriosclerotic heart disease unknown rise to immediate couse (a). DUE TO stoling the underlying couse PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPS PERFORMED? pleose execute the certificate, YES IN NO designated agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter noture of njury in Port | or Port |) of tem 181 PRIMARY Or CONTRIBUTING TAL EXAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d NILRY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg, etc.) Not While moy be retained for your IU ERAL D ECTOR: Page of work et work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection , Inquiry x. and in my apinian the funeral director. death resulted from Natural) causes [20]. Accident Suicide . Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MED CAL EXAMINER -**EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMAT ON 23b DATE THEREOF 23d. LOCATION (City or Town) (County) S [0] REMOVAL (Specify) Bladnesburg, Maryland Fort Lincoln Cemetery May 5th 1966 24 FUN RAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE ADDRESS 250 REC D BY REGISTRAR Ocharles VR A15ME (5) Simons Bros. 1661- Gd. Hope Rd. SE. Wash., DC DALLAY

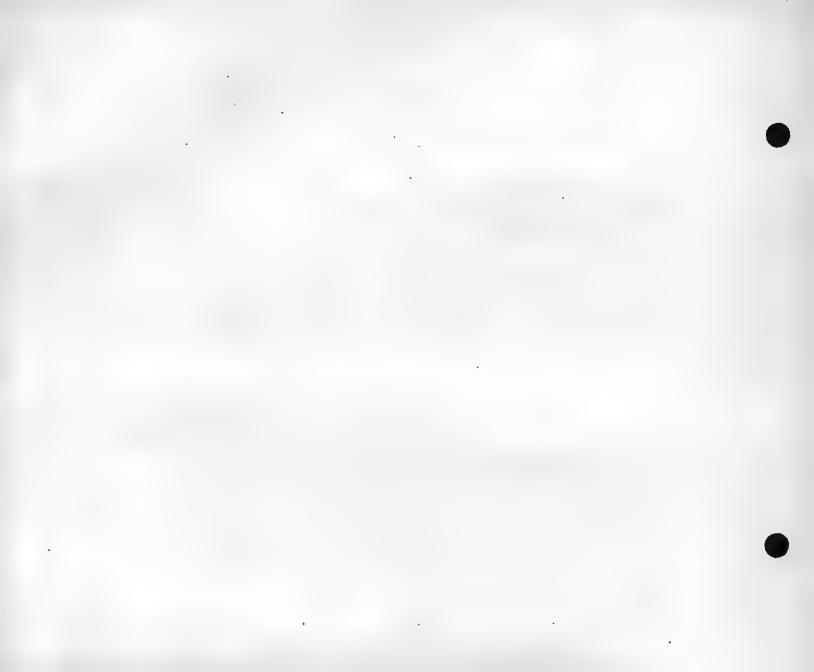
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07345 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission a. COUNTY b COUNTY 2, and 3 to PM3. Page Prynce George 5 death. **MARYLAND** District of Columbia
C CIY OR TOWN (If auts de corporate limits, wine RURAL and give nearest town) Deportment b CTY OR TOWN (If autside carparate mits. C LENGTH OF STAY IN 16 write RURAL and give negrest town) noA d. STREET ADDRESS Clintond. NAME OF HOSPITAL OR INSTITUTION (II not in haspital, give street address) 8 IS RESIDENCE ON A FARM? n pencil in Item 18 Give Pages 1, Examiner's Office olong with form hours YES NO Southern Md. Hospital 3 NAME OF Middle Year DECEASED Donaldson Bernice Park 29 within (Type or print) 19 DEATH S SEX 6. COLOR OR RACE 7 MARRIED TE NEVER MARRIED B. DATE OF BIRTH AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS last buthday) Manths Mar., 1908 WIDOWED DIVORCED ond 2 event IDa USUAL/OCCUPAT ON (Give kind of work done 106 K ND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CITIZEN OF WHAT during mest of working life, even if retired) COUNTRY? poges I in any HOUSEWIFE 13. FATHER S NAME be executed within рир 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) or removol, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Bilateral frontal subdural hematoma (contracoup s o buriol-tro cremotion, o This certificate should Canditions, fany, which gove (b) Occiputal skull fracture 30 min rise to immed ate cause (a). DUE TO storing the underlying cause burial, a 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES 5d NO 0 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of item 18.) prior PRIMARY OF CONTRIBUTING Fell down 8 steps to boat dock area CALSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) in front oc cottage, Cobb Island, Charles Co.Mc FUNERAL DIRECTOR: Poge 7:30 at wark 21. I certify that I took Marge of the remains described above, held an Autapsy [30]. Inspection X Inquiry 3t and in my opinion the funeral director. death resulted fram Accident X Suicide | Undetermined manner Natural Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-30-66 DEPUTY MEDICAL EXAMINER C **EXAMINER'S** TO FUNE! Health John Kehoe, M.D., Riverdale, Md. Address (Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) (County) (State) REMOVAL (Specifi) RLINGTON FUNERAL DIRECTOR 25g REC'D BY REGISTRAR VR A15ME (5) 6M 1/66



DIMISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY after after Prince George's Maryland rince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give gearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours Mt. Rainier 2 days filled in 1 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital 3719 Wells Ave. No X completely f executed within 3. NAME OF albhiM Last 4. DATE Month DECEASED Ε. Doney 13 1966 Florence DEATH Mav (Type or print) 6. COLOR OR RACE DATE OF BIRTH 5. SEX AGE (In years LIFUNDER 1 YEAR HEUNDER 24 HRS . 7. MARRIED **NEVER MARRIED** last hirthday) | Months White 2/27/05 Hours Female WIDOWED F DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please COUNTRY? certificate be and U.S.A. Washington. D.C. Salesldav Avon Corp. removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Morris Woulfe Mary Thorn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address D FUNERAL DIRECTOR: After this certificate has been signed by the atter director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or death (Yes, no, or unkown) (If yes nive war or dates of service) 577-09-2212 60th St., Ft. Joseph H. Burch Sr No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending INSysinium. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (Mis.)hospital) attended the deceased from May 11 19 66 to May 13 . 19.66... that (I) (we) last 1966, and that death occurred at 7:10 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING MED. DIRECTOR PHYS. M.D. Page 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) 3308 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 2 REMOYAL (Specify) Ft.Lincoln Cem Colmar Manor. Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Nalley's Rainier, Maryland VR A15 (4) Inc. Funeral Home 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH OUNISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. eath. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission 1. PLACE OF DEATH a. COUNTY b. COUNTY Pr.Geo. Maryland Pr. Geo MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Rainier It.Rainier vrs. Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled i e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 4214 34th - 34th St. event, within YES NO X completely f executed within NAME OF Year First Middle 4. DATE Month Last DECEASED John DEATH 19 66 (Type or print) G. Drehmel a v AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 9, 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours Male White WIDOWED DIVORCED | physician a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR The law requires that the death certificate be Retired COUNTRY? or removal, and U.S.A. Wisconsin Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Drehmel Henrietta Guell 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. been signed by the attention the burial-transit permit, or to burial, cremation, or Mrs.Edith (above Drehmel addrass INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 Jife! ONSET AND DEATH PART J. DEATH WAS CAUSED BY: **PHYSICIAN:** The law requires that ti the hospital or attending physician. IMMEDIATE CAUSE (a). DUE TO hiroky accident Conditions, if any, which gave rise to immediate -145 devotes cause (a), stating the as th underlying cause last TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached for use State Dept. of Health YES NO F 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) Hour a.m. While Not While OR ATTENDING be retained by p.m. at work at work 3 should with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on ona _M. from the causes and on the date stated above. DATE SIGNED 22b. 228 SIGNATURE ATTENDING PHYS. page -606 DIRECTOR PHYS. M.D. 4 may 22d. ADDRESS 22c. PHYSICIAN'S Baltimore Ave. director, p should be t NAME (Type) David Clayman, M.D. Riverdale 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Colmar Manor, Md. Lincoln Cemetary REC'D BY REGISTRAR | 25b. Mt.Rainier 25a. 24. FUNERAL DIRECTOR Nalley's Maryland VR A15 (4) Funeral Home Inc. 15M 4-64



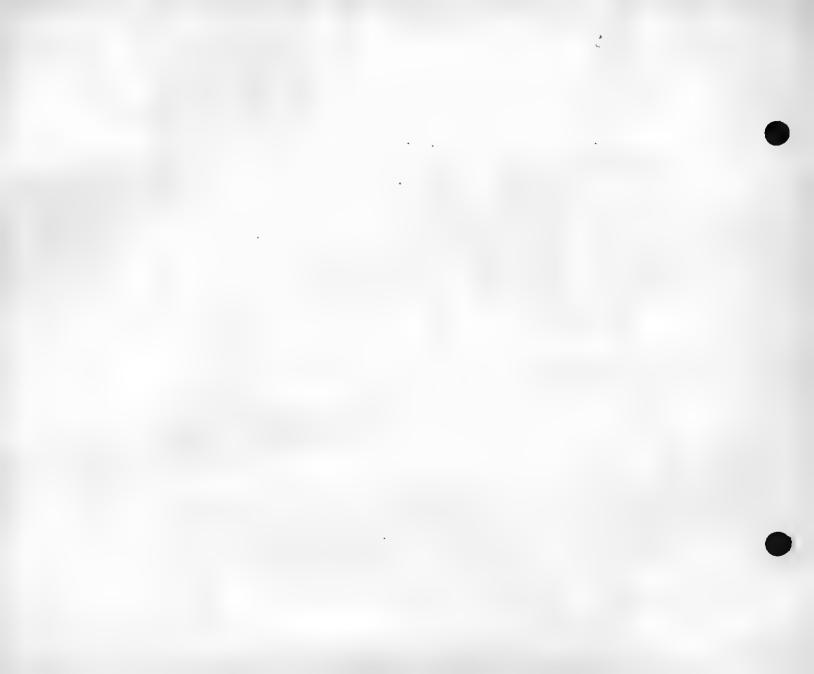
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE b. COUNTY Prince George's Prince George : Maruland ve carban papers. Pages 1 event, within 72 hours after MARYLAND. b CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Hyattsville Hunttsville 1 month d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 9910 Firms Rord 80 ? Pinns Pord NO A NAME OF Middle Lost 4 DATE Month Year DECEASED Pother Pauline ! ÔF 19:5 Mav (Type or print) DEATH Dubaime Alice 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last_buthday) Months Hours Dec. 14, 1384 burial, crematian, ar removal, and in any WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (G've kind of work done 10b KIND OF BUSINESS OR COUNTRY? during mast af warking te, even if retired) INDUSTRY U.S.A. Religious Order Daneda Tenchina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grudiose Duhaime Josephine Boulanger 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dotes af service 16. SOCIAL SECURITY NO. 17 INFORMANT 3000 Mother Mary Armand Hvattevili INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) signed by the burial-transit s ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma stomach with metertases IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO far use as the b stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS'
PERFORMED? MEDICAL CERT.FICATION director, page 3 should be detached far use should be filed with the State Dept. at Health Arteriosclerotic heart disease YESMAN NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING □ OR CONTR BUTING CAUSE OF DEATH none (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour om. factory, street, office bldg, etc.) Not White none at wark none 21. I certify that (1) (this haspital) attended the deceased fram April 5 , 1965, to isv 1 , 1966 that (1) (we) last saw the deceased alive an_ 19 and that death accurred at 1:30 M-from causes and on the date stated above 22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR May 1. M.D 22d ADDRESS 22c. PHYSICIAN S NAME(Type) James R. Joodson 1746 1 ut. I'. d. deshin ton . D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b DATE THEREOF (County) (State) 5-6-66 Regina Convent Cemetery, HYATTSVILLE ADDRESS WASH D.C. 24. FUNERAL DIRECTOR VR A15 (4) DATE MAY 3821 14TH. BT., N.W. J. COLLINS



		E DEPARTMENT OF HEALTH	
1		S, 301 W. PRESTON STREET, BALTIMORE, MARYLA	ND 21201
FOR STATE	07345 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH	97344
HEALTH DEPT.	1. PEACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution a. STATE b. COUNTY	Residence before admission)
ay is	o. COUNTY Prince George's MARYLA b. CITY OR TOWN (It outside carparate limits. C. ENGTH OF STAY N	ND Virginia	
delay ond 3 ond 3 ond 3 er dear	write RURAL and give nearest tawn)		and give nearest tawn)
0 2 0	Cheverly 50 min. d NAME OF HOSPITAL OR *MSTITUTION (If not in hospital, give street address)	Alexandria	A AC DECIDENCE
The De			e IS RESIDENCE ON A FARM? YES NO SX
oges h fo	Prince George General Hospital 3. NAME OF First Middle	214 Buchanan Street	Dov Year
dec	DECEASED (Type or print) Andrew	Dunston OF DEATH 5	9 19 66
hours after death 1f Livy tem 18. Give Poges 1, 2, Office along with form Ponti2 with the State Deparement within 72 hours offered	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years	FUNDER 1 YEAR IF UNDER 24 HR
urs of the district of the dis	Male Negro WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done IDb KIND OF BUSINESS OR	11-5-1943 23 Yis	
	10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) Laborer 10b KND OF BUSINESS OR INDUSTRY Constructio:	11 BIRTHP. ACE (State or fareign country)	12 CITIZEN OF WHAT COUNTRY?
hin 24 h ncal in It namer'+0 poget	during most of working life, even if retired) Laborer Constructio: 13. FATHER'S NAME	n North Carolina	USA
within pencil comine le poge	Andrew Dunston		
d w.i in pe Exor File ond	IS WAS DECEASED EVER IN IT'S ARMED FORCES? 16 SOCIAL SECURITY NO	Lonnie Alston Address Address	
ng" hrool wal,	(Yes, no, or unknown) (If yes give war ar dates of service)	Mrs. Ollie Dunston, 214 Buch	nnanSt.Alex.Va.
be executed within pending" in pending in pending in pendine field fromine from the page or removal, and to a	8 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c))		MTERVAL BETWEEN
be per per per per per per per per per pe	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wou	nd of brain	minute state
ould word he C he ial-tr	Canditians, if any, which gave)		
he y he y to t bur	rise to immediate cause (a),		
icote ng t ded ded s a	stating the underlying cause last.		
This certificate should be executed within 24 cate, writing the word pending" in pencil in be forwarded to the Chief Medical Examiner's I be used as a burial-transt permit. File pager it to burial, cremation, or removal, and it any	PART II OTHER S CHIEICANT COMMITTIONS CONTRIBUTING TO DEATH BUT NOT RELATI	ED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
his cate, yee for be us	200 EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH Short in hoard		YES X NO
4 _ 0	200 EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING □ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCU	JRRED (Enter nature of injury in Part or Part II of item 18.)	
INER: The certification is should be files. 3 should be any prior ont, prior	CAUSE OF DEATH Shot in head 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 21	during altercation. De PLACE OF IN. URY (Home, form, foctory, street, office blog, etc.) 2DF of Stiville	(State)
the	20c Time OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 21 Hour om 11:50pm m 5-8- 1966 of work at work 2Pe	foctory, street, office bldg_etc) arking lot of Evans Bar & Grill	Moral Diagram
MEDICAL EXAMINER: sleose execute the certi director. Page 4 should etained for your files. DELCTOR: Page 3 showl s designated agent, pri	21 1 certify that I taak charge of the remains described about	ve hed an A stansy we Inspection we include	y x, and in my apinio
exe exe or. P d fo	death resulted fram: Natural Jauses . Accident	Suicide , Hamicide , Undetermined man	
MEDI pleose direct direct birite	ACTUAL OF T	CHIEF MEDICAL EXAMINER	
Y M ple of d d d d d d d d d d d d d d d d d d	SIGNATURE TO THE	M.D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
Sory Sory Uner Uner Vy be IER/	NAME (Type) John Kehoe, M.D. Riverdale,	DEPUTY MEDICAL EXAMINER del Md Address (Street, city, tawn, or county)	5-9-66
no DEPUTY MEDICAL EXAM necessory, pleose execute the the funeral director. Page 4 5 may be retained for your of FUNERAL DINICOR: Page Health or its designated age	230 BURIAL CREMATION: A 236 DATE THEREOF 230 NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City of Town	
ひゃもべるま	Burial 5/15/66 Family Ce	metery Wilson, North	Carolina
VR A15ME (5)	24 FUNERAL DIRECTOR LEVEN E Sould ADDRESS	250 REC D BY REGISTRAR 250 PEGIS	STRARS S GNATURE
6M 1/66	Greene Funeral Home, Alexandria, Va.	MAY 11 1966 / 1000	09



-	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	= =(NA/I)	C7350 CERTIFICATE OF DEATH 37345
	ours after death in by the funera Pages 1 and hours after death	PLACE OF DEATH
	er fer	PRINCE GEORGE MARYLAND B. COUNTY MARYLAND P.G.
	filled in by the papers. Pages 1 in 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	in i	CHEVERLY 3 days RT, 2 BOX2119 UPPER MARLBORO
•	lled pers 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		PRINCE GEORGE GENERAL HOSPITAL See above YES NO 3. NAME OF First Middle Last 4. DATE Month Day Year
	Executed within burn and completely filled in section papers. I any event, within 72 hours and events.	DECEASED OF OFATH OF
	complete com	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR] 19 66 19 19 19 19 19 19
	VE 2	10e. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) 17. 3 - 92 10. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) 11. BIRTHRIAGE (Sounty & State, er fereign country) 12. CITIZEN OF WHAT (COUNTRY)
	te by sic pleasing and it and	Ratined Laborer 1/91 M.S.H.
	g ph	13. FATHER'S NAME
	ndin Terr	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	requires that the leath certificate be executed ing physician. Deen signed by the attending physician applicative burial-transit permit. Then please applicative to burial-transit permit. Then please approve or to burial, cremation, or removal, and in any every	(Yes, no, or unkown) (If yes give war or dates of service)
	the latio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	an. an. 1 by ransi	18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Condent Cond
	tha ysici gne ial-t ial,	DUE TO O
	uirel g ph s ph s bu bu	gave rise to immediate (b) Amerily and their sclerons
	ttendin ttendin has ber as the prior t	cause (a), stating the DUE TO underlying couse last.
	lamatter has has h prie	
	The laital or attificate h for use f Health c	YES NO NO
	TESICIMENT The lame requirement that the Mospital or attending physician, this certificate has been signed by letached for use as the burial-trans. Dept. of Health prior to burial, crest popularising the contraction of the state of the sta	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING TO CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
	the Tospitz the Tospitz r this certif detached f	
	the Difference of the Differen	Hour a.m. While factory, street, office bldg., etc.)
	After to de de de State	
_	Le retaine I e	21. I certify that (I) (this hospital) attended the deceased from 5-12, 1966, to 5-14, 1966, that (I) (we) last saw the deceased alive on 19 66 and that death occurred at 5-14. M, from the causes and on the date stated above.
	R All REC	22a. SIGNATURE 22b. DATE SIGNED
	AL ER	ATTENOING MED. STAFF PHYS. DIRECTOR PHYS. 5/14/60 220(PHYSICIAN'S 2204 AOORESS
	IDSPITAL age 4 may FUNERAL rector, pa	220. PHYSICIAN'S NAME (Type) ZENALDA C PACAD 22d. AOORESS
	Page 4 may be retained by to Page 4 may be retained by to PUNERAL DIRECTOR. After director, page 3 should be should be filed with the State	23a BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
	F	May 1, 17th W. Wirel Maguington, Y. C.
	VR A15 (4)	24. FUNERAL DIRECTOR ADORESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	15M 4-64	Therang S. Washington & four 18 1966 Jacobes Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07351	or oranion	JAE ILEO	CERTIF	ICATI	E OF DEATH		i, bacimor		7346
1.	PLACE OF DEATH	1			1	2. USUAL RESIDENC	E (Where dec	eased lived, If insti	itution: Residenc	e before admission)
	a. COUNTY	Georges		***		a. STATE	vland	b. COUNT	Prince	Georges
-		N (if outside corpora	ta limite	MAR c. LENGTH OF ST	YLAND	c. CITY OR TOWN (If	<i>f</i>	orato Herita writ		
	write RURAL	and give nearest tow	n)	c. cendin or si	AT IN ID			iorato minto, vivi	to KOKAC and Ri	to neglest town)
_	PPXXete/	Park River	dale	3 days		College 1	Park		1	/
	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in	hospital, give street	address)	d. STREET AOORESS			1	e. IS RESIDENCE ON A FARM?
-		eland Nemo				9505 49ti				YES NO X
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE DF	Month	Oay	
	(Type or print)	Mar	7	н.		Everest	DEATH	May	10	
5.	SEX	6. COLOR DR RACE	7. MARRIE	D NEVER MARRI	EO	B. OATE OF BIRTH	9.	AGE (In years I	FUNOER 1 YEAR	R IF UNDER 24 HRS.
	female	white	WIDOWE			11-30-09		56 yrs.		Hours Min.
10a	1. USUAL OCCUPAT	IDN (Give kind of work	done 10b.	KIND OF BUSINESS O)R	11. BIRTHPLACE (Co	unty & State,	or foreign country)	12. CITIZEN COUNTR	DF WHAT
	Housewif		-/			Arkansas				. A.
13.	FATHER'S NAM					14. MOTHER'S MAIO	EN NAME			
	David Pa	ul Ziegler				Ollie Flor	rence l	forris		
15		EVER INU.S. ARMED FO	RCES? 1 1	6. SOCIAL SECURITY N	0. 1 17.	INFORMANT	. 01100 1	Address		
	es, no, er unkown)	(If yes give war or dates o						11401 000		
-	No	<u></u>				hart				
				r line for (a), (b), and					INT	ERVAL BETWEEN SET AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		MYUTRO	PHI	C LAT.	SC FEL	501, 1		MONTETS
	306	OUE								
	Cenditions, If		(b)							
	gave rise to									
	cause (a), st underlying caus	many me [-								
N			(c)	RUTING TO DEATH BUT	NOT DELA	TEO TO THE TERMINAL D	I SEASE CONC	ITION CIVEN IN P	ART 1(a) 119	WAS AUTOPSY
ATI	Trail II. Diller	IIIII IVAIII OUIIUIII	JIIO GOTTIAL	DOTTING TO DESTRICT	HOT KEEN	TO TO THE LEMMINACE	ISCHOL GOIL	or portary En int	, (1)	PERFORMED?
5									1	ES NO
CERTIFICATION	DR CONTRIBUTI	WAS UNDERLYING TO NG TO CAUSE OF DEA FIFY MEDICAL EXAMI	20b.	DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	injury in Pa	rt I or Part II of	item 18.)	
	(IF EITHER, NO	TIFY MEDICAL EXAMI	NER)							
MEDICAL		NJURY Month, Oay,	Year 20d	. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town)	(County)	(State)
9	Hour a.r.		Whi at w		Idelo	17, street, onto blug., e	,			
-				nded the deceased	from	& MAN 10	154, to_	10 terry	10/16 +	hat (1) (we) last
		ceased alive on	10 MA		and that	death occurred at Z				te stated above.
1	22a. SIGNATUR		-	1011	and that	. ueath occurred at a	- /- III, III	in the cooses a	22b. DATE SI	
		1 17	truis		44.5		MEO.	STAFF PHYS.	10 MA	1011
	22c. PHYSICIA	N'S	1000	naugy	M.D	PHYS. (V) (JIKEGIOK L		, , , , ,	7
	NAME (T)	rpe)	J. H	UMANN			RLL	/ ERDAL	& Kr	<u>D</u> .
23:		ATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LO	CATION (City, tov	wn or county)	(State)
	REMOVAL (Spe		100	Prospe	ct II	111 000	1370 -1	Da		
24	. FUNERAL DIRE	OTAN/	00			ainier ^{25a. REC}	O BY REGIS	TRAN 250 RE	GISTRAR'S SIG	NATURE
		1/81770	y's			MAY	4 0		carles I	
	Funera	l Home In	C a	Maryla	ПCL	DATE	70 10	100	CAN THE	MOLE

VR A15 (4) 20M 1/65



MARYLAND STATE DE	EPAKIMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	,
07352 CERTIFICAT		347
1. PLACE OF DEATH B. COUNTY Prince Ceorges MARYLAND	2. USUAL RESIDENCE (Whare deceased lived, If Institution, Residence before, STATE Md. b. COUNTY P.C.	ore edmission
b. CITY OR TOWN (fouts de composée limits, c LENGTH OF STAY IN 16 wr to RURAL and give noarest lown) Hyathsyste 19473 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireet address)		lown,
4001 Clagett Road 3. NAME OF First Middle	Last 1 DATE Month Doy	ON A FARM? NO Year
(Type or print) E1SIE KIMMEN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED TO DIVORCED	, , , , , , , , , , , , , , , , , , , ,	19 6 G DER 24 HRS.
1DD. USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired) Howsewife Own Home 13 FATHER'S NAME Charles Charles Charles		
15. WAS DECEASED EYER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.		t RL
PART I. DEATH WAS CAUSED BY: MART I. DEATH WAS CAUSED BY: MARDIATE CAUSE (a) Arterioscl 4200 DUE TO	erotic Heart Disease yes	ND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) Cause last. Control of the property of the control o	NOT RELATED TO THE TERMINAL D. SEASE CONDITION G. VEN IN PART 1(0) 19. WA	AS ALTOPSY
Hypertension; osteo:	2 rthritis YES [RED. (Enter nature of injury in Part I or Part II of item 18.)	ERFORMED?
ZOc. TIME OF IN. JRY Month, Day, Year 2Dd. INJURY OCCURRED 2Da. P	PLACE OF INJURY (Home, farm, 2Dt. (City or town) (County) factory, street, office bldg., etc.)	(State)
	m June 9 1962 to May 12 1966, that (mat death occured at 18, M, from the causes and on the date st	tated above
226. SIGNATURE WH. Clements	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b. DATE SIGNE
NAME (TYPE) W, I-1, CLEMENIS	COOI - 35th Ave Hy 2ttsvi	(State)
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 5/16/66 West Laure Address	~	3
Francis Gasch's Sons Hyattsville, Mo	1111/ 10 1000 100/ 0 0	P.



a 1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANI	D
7	C7353 CERTIFICATE OF DEATH 973	48
death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	e admission)
hours after death d in by the funeral rs. Pages 1 and 2 2 hours after death	a. COUNTY Prince George MARYLAND A. STATE Maryland b. COUNTY Prince George	deorge
affe y th s aff	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give near	arest town)
in b	Laurel 20 yrs. Laurel, Oak Crest	
f hi	ON	RESIDENCE A FARM?
y fill	011 200000	
The law requires that the death certificate be executed within 24 hours after all or attending physician. The last been signed by the attending physician and completely filled in by the for use as the burial-transit permit. Then please remove carbon papers. Pages 1 Health prior to burial, cremation, or removal and in any event, within 72 hours after	3. NAME OF DECEASED (Type or print) ROBERT C. FORD DEATH May 11,	Year 19 66
omp e ca	5. SEX 6. COLOR OR RACE 7. MARDELED 7. MARDELED 1 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IIF UN	
ecut nd c movi	M Negro WIDOWED DIVORCED Apr. 12, 1899 67 vrs. Months Days Hou	
e e e e	102 INSIGN OCCUPATION (Clue kind of work done) 105 VIND OF DISTINCT OD 133 DISTINCT OF (County & State or fereign country) 1 32 CITIZEN DE W	HAT
Sicial Services	during most of working life, even if retired) Laborer Maryland Maryland	
phy phy val	13. FATHER'S NAME	
ding The	Charles Ford Ella ?	
th c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, mo, or unknown) (If yes give war or dates of service) 16. SDCIAL SECURITY ND. 17. INFORMANT Address Naomi Ford (wife) same as item	#2
dead perri		BETWEEN
at the death certificate be elan. In the attending physician ransit permit. Then please cremation, or removal and in the contraction of removal and in the contraction.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OCCURRENT IMMEDIATE CAUSE (a)	ND DEATH
uires that the g physician. in signed by l burial-transit	11/201	(V.)
hysign sign uria	conditions, if any, which } Out terrosclerums 10	un.
requir ding p been the bu	gave rise to immediate cause (a), stating the DUE TO	
law re- ittendir has be as th prior	underlying cause last. (c)	
SICIAN: The law requires that thospital or attending physician. I certificate has been signed biched for use as the burial-tranget, of Health prior to burial, ore	PERI	FORMED?
	YES	NO [
Spit Spit Serti ed f	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert or Part of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
PHYSICIAN the hospit this certi detached detached is Dept. of		(State)
NG PHYSICI by the hos ifter this ce the detache State Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	
ATTENDING R retained by t CTOR. After Should be vith the State	21. I certify that (1) (this hospital) attended the deceased from Dec 1959, to March 1966, that (1) (we) last
L OR ATTENDING by be retained OIRECTOR: Al age 3 should lifed with the S	saw the deceased alive on 4/27 1966 and that death occurred at SAM, from the causes and on the date sta	ted above.
OR Al	22a STGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED	,
AL O ay b page file	M.D. PHYS. DIRECTOR PHYS. 5/1/66	
PITA 4 m ERA ior,	NAME (Type)	1
O HOSPITAL OR A Page 4 may be ra O FUNERAL DIREC director, page 3 should be filed wi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial 4/16/66 Arlington National Arlington, Virgini	
	24. FUNERAL DIRPCTOR / ADDRESS 1252, REC'D BY REGISTRAP'S SIGNATUR	يال.
VR A15 (4) 15M 4-64	Tobert L. Snowden Rockville, Ma. DATE 10 1966	

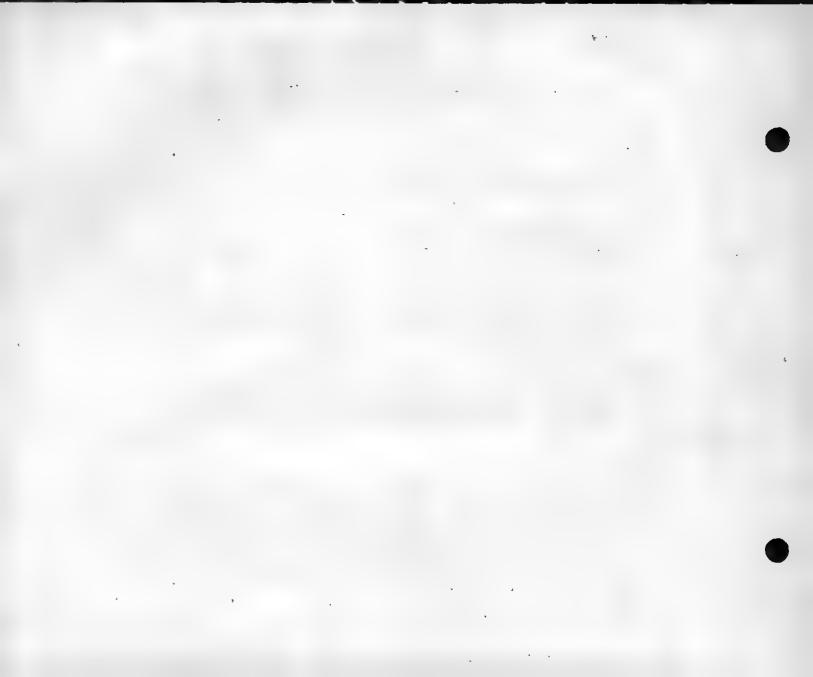


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07354 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o. COUNTY n STATE **F. COUNTY** 2, and 3 to PM3. Page death. 5 Prince George's MARYLAND Maryland Prince George's delay Department b CITY OR TOWN (If outside corporate limits r LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) after Hvattsville Riverdale DOA d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE hours ON A FARM? NO X Chamber's Funeral Home 823 Chillum Road YES 🗍 ofe ofter death along with 3 NAME OF First Middle 4 DATE .ast Manth Dov Year DECEASED OF within Alexander Fox (Type or pnnt) DEATH S SEX 9. AGE (n years IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Months Dovs Haurs DIVORCED T hours WIDOWFD -5-1922 and 2 Male White event E 10g USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? 24 ILLINOIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within ≘ Examy MARGARET OHN File puo IS: WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT 88-30 SIMM ST BUEENS VILLAGE NEW YORK LESTER (Yes no, or unknown) (If yes give wor ar dates of service) or removal UNKNOWN INW E INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ine far (a), (b), and (c)) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure writing the word This certificate should cremation, DUE TO forworded to the Conditions, if any, which gave (b) Arteriosclerotic heart disease unknown rise ta immediate cause (a) DUE TO 0 stoting the underlying couse used as buriol, a last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? NO IX the certificate, YES: 2 pe 20o EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW M. JRY OCCURRED (Enter noture of injury in Port or Part II of item 18.) should PRIMARY Or CONTRIBUTING should CAUSE OF DEATH B agent, 20c. TIME OF th, JRY, Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice blda., etc.) While Poge ot wark at wark des.gnated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection oc jo FUNERAL DIRECTOR: Inquiry and in my opinion the funeral director. death resulted from. Natural causes 30 Acciden Suicide . Hamicide -Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER St. ō **EXAMINER'S** John Kehoe, M.D. Riverdale, Md. 5-3-66 O FUNER Health may Address (Street, city, fawn, or county) NAME (Type) BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ONG TELAND NATIONAL ONG ISLAND. 5-5-1466 NE LAWN 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATUR VR A15ME (5) vers to. 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) h COUNTY a. STATE and completely filled in by the f remove carbon papers. Pages 1 any event, within 72 hours after 24 hours after MARY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b WOOD ENTWOOL IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NO X 3805 Tavlor YES: executed within 3 NAME DE DATE Month Middle Day Year DECEASED OF DEATH (Type or print) FULTON 1966 AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS last birthday) | Months | Days | Hours | Min DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED in any o Months Days Hours 25 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? pe certificate FATHER'S NAME MOTHER'S MAIDEN NAME гетроуа the attending t EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) that the death BRENTWOOD INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction Ι5 min. or attending physician. 201 DUE TO Coronary occlusion Conditions, if any, which (b) gave rise to immediate Page 4 may be retained by une most recordificate has been TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the law, and be filed with the State Dept. of Health prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO [20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Whlle Not While ATTENDING at work _ at work 1966 21. I certify that (I) (this hospital) attended the deceased from and that deat occurred at M, from the causes and on the date stated above saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR ___ PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Levitsky Leon ior wid. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) COLMAR MANOR, MARY CEMETERY COLMAR MANCE, "HEY LESS TERES SIGNATURE BUR IAL

24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 256 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased fixed, if institution; Residence before admission) a. CQUNTY a. STATE Mary land b. COUNTY Prince George's Prince George's MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) i and completely filled in by the Temove carbon papers. Pages n any event, within 72 hours at c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page hours Cheverly l dav Seat Pleasant d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 601 63rd Street NO X YES 3. NAME DE DATE Middle 1881 Month Day Year DECEASED (Type or print) Sarah E (Sadie) Godfrey DEATH May 19 66 executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months I Days Hours White Female WIDOWED [DIVORCED 8/18/03 62 VIS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and Marvland Housewife attending shysic certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Sally B. Dove Maurice Millburn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 death (Yes, no, or unkown) I (If yes nive war or dates of service) William L. Godfrey 601 63rd Street -18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate additional and the second for use a pept. of Health p 19. WAS AUTOPSY PERFORMED? YES NO hospital 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part |) of (tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) به Hour a.m. After Id be d While Not While at work at work p.m. 19 retained 1965, that (I) (rest last 21. I certify that (I) (this hessital) attended the deceased from 19. ., to. and that death occurred at 7:45M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE eg pa ATTENDING PHYS. STAFF PHYS. 5/11/66 DIRECTOR Page 4 may be not be file should be file M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. Peter Duus. M.D. 6124 Central Avenue, Capitol Heights, Md BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 0 5114-66 St Mathews Episcopale Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 4308 Suitland Rd Suitland Wilhelm Funeral Home VR A15 (4) Maryland 15M 4-64



1 (M)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR STATE	07357 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	97352
HEALTH DEPT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution R	
is ge of the first	o COUNTY Prince George's MARYLAND Maryland Prince	ce George's
	b CITY OR TOWN (If auts de carparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If auts de carparate limits, write RURAL ar	nd a ve negrest town)
A3 A3 trme	write RURAL and give nearest tawn)	1/
f ony d Ccy 1, 2, and 3 m PM3 Pa Department	Cheverly d NAME OF MOSPITAL OR INSTITUT ON (If not a haspital give street address) d STREET ADDRESS d STREET ADDRESS	e IS RESIDENCE
form form		ON A FARM? YES (K) NO
ages 1, ith farm the farm State De 2 hours	Prince George General Hospital Rt.3, Box 217	
2 St = 2 C	3. NAME OF First Middle Last 4 DATE Manth DECEASED OF	Day Year
Give F Give F Png wi th the	(Type or print) William Howard Goldsmith DEATH 5	7 19 66
after of Give of Anna with the within		UNDER 1 YEAR OF UNDER 24 HRS onths Days Hours Min
2 - 0	Male White WIDOWED DIVORCED 29 Aug. 1900 65 yrs	110012
haurs Item 1 Office orazz	10g USUAL OCC_PATION (Greekind of work done 10b KIND OF BUS.NESS OR 11, BIRTHPLACE (State or fareign country)	12 CITIZEN OF WHAT * COUNTRY?
	duning right of working be even if retured) Tobacco Farming Tenent Maryland	U. S. A.
thin 24 mall in miner's pages in any	Tobacco Farming Tenent Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
be executed within "pending" in pencil in pencil in the first Medical Examine misit permit. Fle pagint remayal, and in a	George A. Goldsmith Elizabeth Thompson	
d with the Exam Exam Figure 1. File and	S WAS DECEASED EVER NILS ARMED FORCES? 16 SOC & SECURITY NO 17 INFORMANT Address	Same as
executed bending" ii if Medical sit permit.	(Yes, no, or unknown) (if yes give wor or dates of service) No — Howard Leslie Goldsmith-	
xee ndin Med mer ma	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)	INTERVAL BETWEEN
e e l'per ef /	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure	ONSET AND DEATH
d be rd "p Chie Chie frons	4200 DUE TO	
shauld be e ne ward "per o the Chief" burial-transit matian, or re	Conditions, if any, which gave) (b) Arteriosclerotic heart disease	
he he to to ma	rise to immediate cause (a), () Alter 1 distribution in the distr	over / mo.
rate ed ed re	stating the underlying cause (c)	
This certificate shauld be executed within 24 cate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a burial-transit permit. Fle pages it to burial, cremation, or remaval, and in any	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AJTOPSY
cel grw use	START OF THE PART	PERFORMED? YES NO X
- + e e e e e e e e e e e e e e e e e e	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I at Part I of Item 1B)	113 110 110 11
열금 끝요	PRIMARY 🗆 or CONTRIBUTING 🗆	
VER cer cer hou les. sha sha t, p		(County) (State)
	Haur o.m. While - Not While - factory, street, affice bldg, etc.)	(county) (sinte)
EXAMINER: ecute the cert Poge 4 should or your files. R. Poge 3 should	p.m 17 di wark 😂 di wark 😂	
• • • • • • • • • • • • • • • • • • •	21. I certify that I taok charge of the remains described above, held an Autapsy, Inspection, Inquiry	
se exe scrar. F med fa recrores	death resulted fram: Natural causes 🔀 / Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manne	er [
MESTIC please I directo retainec DIRECT	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
UTY Mary, ple neral dibe ret be ret or its	SIGNATURE M.D ASSISTANT MEDICAL EXAM-NER (To any vivillo
PUT Sary Iner be ERV	EXAMINER'S NAME (Type) Tohn Kehoe, M.D. Riverdale, Md. Address (Street, city town, or county)	5-8-66
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health, or its designated agg	23a BURIAL, CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	
5 ± 5 0 H	PEMOVAL (Spec fv)	
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VR A15ME (5)()		well Judge

MARYLAND STATE DEPARTMENT OF HEALTH

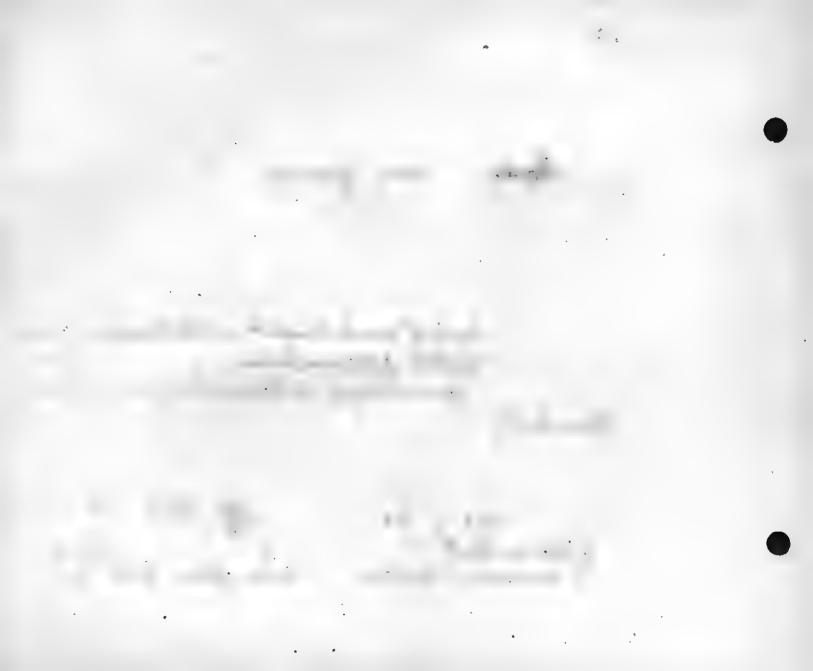


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07353 7958 CERTIFICATE OF DEATH within 24 hours after death filled in by the funeral popers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY PRIN a. STATE b. COUNTY GETCER'S Prince George MARYIAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 University Park (Hyattsville) University Pack
d NAME OF HOSPIAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? 6908 Wells Parkway YES NO Se 6908 Wells Parkway 3 NAME OF Middle Last DATE carbon Year DECEASED MAY (Type or print) GOOD DEATH MAY 5 SEX AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH birthday) Manths Days Hours Oct 31, 1879 $\overline{\mathbf{x}}$ WIDOWED DIVORCED White Female 100 USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY puo by the ottending physicial ransit permit. Then please Medina County, Ohio U.S. Housewife Own Home 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME John William Davis Fannie La Vinnie Morgan IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 6908 Wells Parkway (Yes, no, ar unknown) (If yes give war or dates of service 278 24 0383 Richard A. Good Hyattsville, Maryland no 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p PART I DEATH WAS CAUSED BY OYE SPIRATORY IMMEDIATE CAUSE (o) DUE TO DROFFIGSURATIC HERRO + GENAL DISERS. Conditions, if any, which gove : (b) rise to immediate cause (a), DUE TO stating the underlying couse as the DENERALIZED PROBRIDER LORDS IS has been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? Health PACKINSON'S NO \$ this certificate jo 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour a.m. foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from MACCA be retained 1966, and that death accurred of 156. M. from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED 5 1966 **ATTENDING** MD. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld BUR AL CREMATION,

BURIAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR'S 23d LOCATION (City or Town) (State) 5/28/66 Ft. Lincoln Colmar Manor P 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) € 20 M 1/66 Francis Gasch's Sons Hyattsville, Maryland



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	. 6.3	CERTIFICATE OF DEATH 07354
	hours after death. d in by the tuneral frs. Pages 1 and 2 frs. Pages 2 and 2 frs. Pours after death	- Court of BEATH
	dear	• calling
	fter the	PRINCE GEORGES MARYLAND MARYLAND PRINCE GEORGES
	rs aft by th Pages urs aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
_	ours in by in Pag	1/0-1
	filled in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	filler pape.	4702 67th AVE 4702 67th AVE YES NO X
	completely ve carbon ve event, with	3. NAME DF DECEASED A First Middle Last 4. DATE Month Day Year OF DECEASED
	ted wi comple ve cark event,	(Type or print) Rosa may Goodwyn DEATH MAY 17 1966
	cuted d con love y eve	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF FIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	xecu and emo any	FEMALE CAUCASIAN WIDOWED DIVORCED NOV 20 1873 99 Wrs. Months Days Hours Min.
	5 5 5	102. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 12. CITIZEN OF WHAT 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 13. BIRTHPLACE (County & State, or foreign country) 14. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT 15. BIRTHPLACE (County & State, or foreign country) 15. BIRTHPLACE (County
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		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ng heer heer hoov	Robert Overton unknown
	nding Trem	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending precise and completely r use as the burial-transit permit. Then blear remove carbon salth prior to burial, cremation, or removar, and in any event, with	(Yes, no, or unknown) (If yes give war or dates of service) none Edward Lee Goodwyn Some 2.
	ation at the	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	ires that the physician. n signed by the burial-transit burial, cremai	PART I. DEATH WAS CAUSED BY: P / / / / / / / / / / / / ONSET AND DEATH
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	ires the physical signature of the physical purial purial purial controls.	Conditions Is any which I
	ding p ding p been the bu	gave rise to immediate
	required the to to	cause (a), stating the DUETD service of Deferonce was last.
	law Intendiction	
	N: The Ital or at ificate it for use Health	Semility Performed? YES NO 1871
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed b detached for use as the burial-trane Dept. of Health prior to burial, ore	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PORT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PORT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PORT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PORT II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO PORT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PERFORMED? YES NO PORT II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) PROTECTION CONTRIBUTION GI
	YSIII ho is (ach ept	
	PHY the det; det; e De	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at
	After After d be d	p.m. 19 at work at work
		21. I certify that (I) (this hospital) attended the deceased from 1953, to 5/17, 1966, that (I) (we) last
_	short and short	saw the deceased alive on 5/16 1966, and that death occurred at 25 M, from the causes and on the date stated above.
	A SECTION A	22a. SIGNATURE 22b. DATE SIGNED
	AL OR DAY be L DIR. page filed	M.D. PHYS. DIRECTOR PHYS. 5/1/16
	O HOSPITAL OR ATTENDIS Page 4 may be retained T FUNERAL DIRECTOR: Af director, page 3 should should be filed with the S	PHYSICIAM'S NAME (Type) # - 6 . 05) Purts 22d. ADDRESS' NAME (Type) # - 6 . 05) Purts
	DOS)	1. Out Co C No. 1 — Ver 35 / Cook to cocc Mc.
	TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR; director, page 3 shoul should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Y	24. FUNERAL DIRECTOR) ADDRESS ADDRESS ADDRESS 25. REC'D BY REGISTRAR 250. BEDISTRAR'S SIGNATURE
	Te	
	VR A15 (4) \ \ 20M 1/65	W.W. Ehambers 60 Tiverdale, Mg, MAY 23 1966 fillantes Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Maryland a. COUNTY b. COUNTY Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 1 hr. 26 min. Cheverly Suitland 16e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? event, within Prince George's General Hospital 4854 Eastern Ave. YES NO letely carbon Day NAME OF Last DATE Month Year Middle DECEASED Girl. 19 66 Baby Grav Mav 21 (Type or print) DEATH 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Ale. 8. DATE OF BIRTH NEVER MARRIED X remove 7. MARRIED F and in any White Female May 21, 1966 DIVORCED [WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) COUNTRY? Prince George's. Maryland removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph Candace Kay Kruse William Leonard 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 0 that the death Mother Above cremation. the INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a). burial-transit burial, cremat ONSET AND DEATH p PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. been signed 7625 DUF TO Conditions, if any, which (b) gave rise to immediate the la DUE TO cause (a), stating the underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? detached for use e Dept. of Health YES X NO L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) FUNERAL DIRECTOR: After this irector, page 3 should be detactioned be filed with the State Dep MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work ATTENDING p.m. 1966 to May 21 1966 that (I) (we) last be retained May 21, 21. I certify that (I) (this hospital) attended the deceased from_ 19 66, and that death occurred at 0:15M, from the causes and on the date stated above. May saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING X director, page 3 should be filed v STAFF PHYS. 5/21/66 DIRECTOR M.D. Page 4 may ADDRESS 22c. PHYSICIAN'S NAME (Type) Bernardo Alvarado, M.D. 6201 Riverdale Rd. Riverdale, Md BURIAL, CREMATION, 23b. REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF 2 Prince Georges Gen. Hospital Cheverly Maryland emation 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR Cheverly, Maryland VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution; Residence before admission) o. COUNTY b COUNTY , , . o. STATE Poge 0 deoth. Prince George's MARYLAND Maryland b CTY OR TOWN (Il outside corporate limits, write RJRAL and give nearest town)

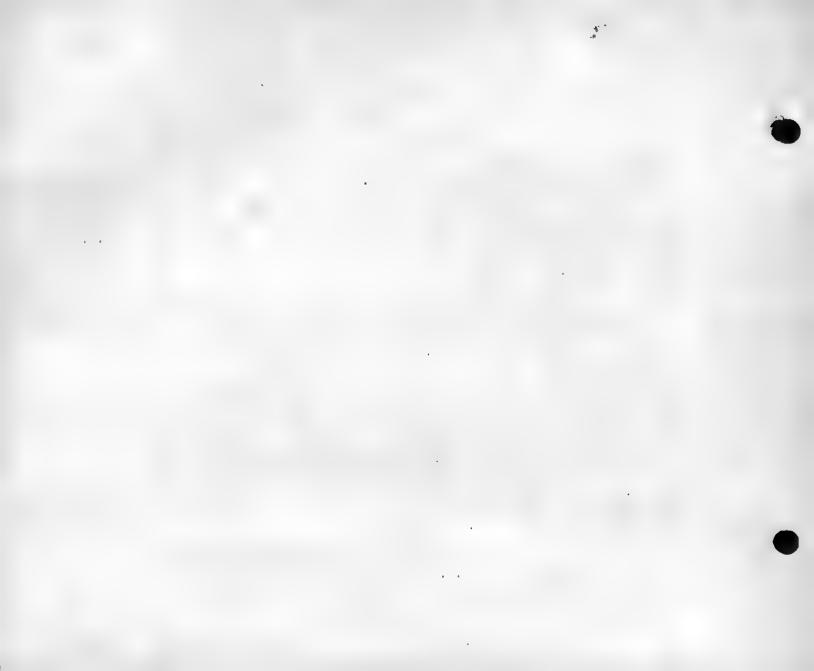
Cheverly c .ENGTH OF STAY IN In c CITY OR TOWN (f outside corporate im ts, write RURAL and give nearest town) DOA Aquasco d NAME OF HOSPITAL OR INSTITUTION (II not in hospital give street address) ON A FARM? d. STREET ADDRESS hours Prince George's Hospitsl NO F Eagle Harbor Road hours after death 3. NAME OF First 4. DATE Lost Month Day DECEASED Delphine DEATH (Type or print) Grav AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 (O.OR OR RACE 8 DATE OF BIRTS 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED March 18845 Female Negro 1Do USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Marylano House wife 13. FATHER'S NAME pencil This certificate should be executed within Ξ pup Jani man 15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANI (Yes, no, or unknown) ((Il yes give wor or dotes of service) or removal. Washington - Brandy 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Heart failure used as a burial-train burial, cremation, o word Conditions, if any, which gove (b) Arteriosclerotic heart disease unknown use to immediate couse (a). DUE TO stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X the certificate. 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of mury in Port L or Port L of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 2Dc T ME OF INJURY Month Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg , etc.) FUNERAL DIRECTOR: Poge of work its designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection (30) Inquiry & for and in my opinion Natural causes IK the funerol director. Undetermined monner death resulted fram Acciden Suicide . Homicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER (X) Health or **EXAMINER'S** Kehoe, M.D. Riverdale, Md. 5-17-66 John Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BUR AL, CREMATION 23b DATE THEREOF 0 Ch. Comelery 25b. REGISTRAR S SIGNATURE VR A15ME (5)

2,2

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07362 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o STATE b. COUNTY after death. Prince George's MARYLAND. Maryland Prince George's delay b CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN IN c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) DOA Riverdale Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? Item 18 Give Pages 1, Office along with form haurs State | YES TO NO DE Prince George General Hospital 5910 Cleveland Avenue 24 haurs after death Middle 4. DATE First Last within 72 DECEASED (Type or print) Margaret Virginia DEATH S. SEX 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost bathdoy) Months Days Haurs **G3W0GIW** D VORCED White Jan. 1895 event Female 11 B RTHPLACE (State or foreign country) 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT Return of working life even if refired cataloger USBY S Gov't U COSHTRX? Washington D C pencil in 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within Menrietta Altmansperger e, writing the ward "pending" in pen farwarded to the Chief Medical Exang William C Gray File and IS WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes no, or unknown) (If yes give war or dotes of service) ar removal, Dorothy Gilfert Riverdale, Md. yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH MIDULES PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) Heart failure 4200 cremation, DUE TO Canditions, if any, which gove Arteriosclerotic beart disease unknown rise to immediate cause (a). DUE TO stating the underlying couse burnol, a 19 WAS AUTOPSY PERFORMED? PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO X the certificate, agent, priar to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d IN.JRY OCCURRED 20e PLACE OF INJRY (Hame, form (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work 5 may be retained for you TO FUNERAL DIRECTOR: Page Health or its designated as of work 21. I certify that I took charge of the remains described above, held on Autopsy [...] Inspection X. Inquiry (30), and in my opinion the funeral director. Accident Notural couses X Suicide . deoth resulted from: Hamicide -Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) 5-6-66 NAME (Type) John Kehoe, M.D. Riverdale, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. 23b DATE THEREOF (County) (State) Glenwood Cemetery REMOVAL (Specify Washington D C. May 9, 1966 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS REC D BY REGISTRAR Ocharles Sons Gasch Hyattsville, Md. VR A15ME (5) 1966 6M 1/66



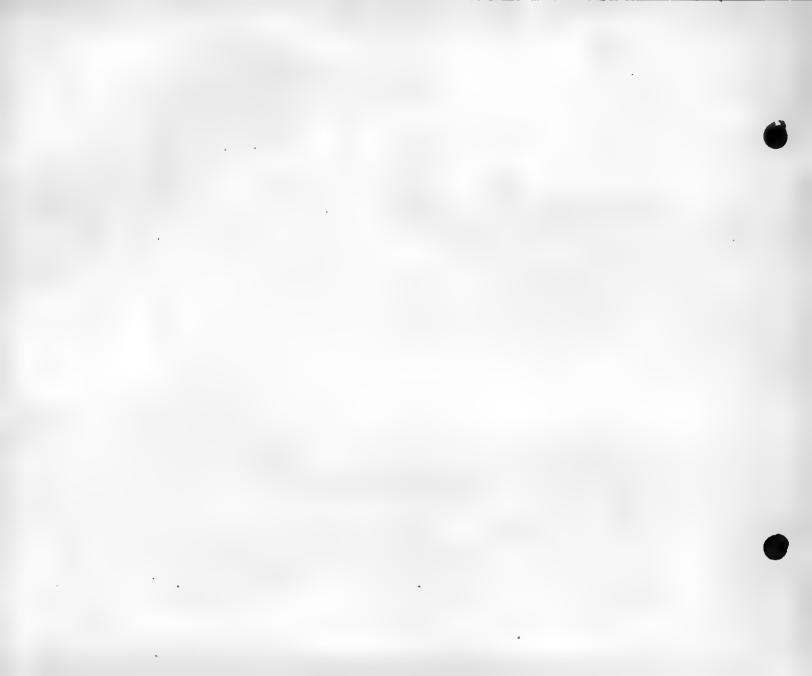
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FOR STATE	7	07357		MEDI				CERTIFICATE		DEATH	073	358	
HEALTH DEPT	Ţī.	PLACE OF DEATH a. COUNTY					1	2. USUAL RESIDENC	E (Where			Idence before a	dmission)
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essary funeral nay be rtment death	4	b. CITY OR TOWN			s,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside o	corporate limits,	write RURAL a	nd give neare	st town)
the fune 5 may Departme		Ch	everly			DOA		Laurel					
				· ·		espital, give street addr	ess)	d. STREET ADDRESS				e. IS RES	FARM?
Page State I hours a		Prince George General Hospital						8801 Hawthorne Jane				YES 🗌	NO J
ny de gand M3. The S hc	3.	NAME OF DECEASED (Typa or print)		First	,	Middle	Τ.	Last	4. DAT OF DEA	TH Moi	nth E	Day Yes	ear 66
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hours em 18 ce al e pag d in		Vern	e Grav					Gayl O	ldhar	n			
24 ho n Item Office File	7	s. WAS DECEASED E	VER INU.S A	RMED FORCES?	16.	SOCIAL SECURITY NO.	17.	INFORMANT		Add	ress		
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DEPUTY ease ex rector. tained f FUNERAL	4	EXAMINER'S NAME (Type)	/ T					Address (Street	, city, to	wn, or county)			~
	23	a. BURIAL, CREM	ATION, 23b.	DATE THERE)F	23g. NAME OF CEM	ETERY	OR CREMATORY	23d	LOCATION (City,	town or cou	161	State)
5 9 9 9 9 9 9 9 9 9 9		BURIA		1/2/66		MOUNTAI	N	VIEW CEM	NA PY PI	GISTRAR 25b.	REGISTRADIO	SIGNATURE	
VR A15ME	2	4. FUNERAL DIRE	THY	YBERS	I	V. Alor	DA	CE YOMAY	18"	1966 20	liarles	Judge	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY : b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? remove carbor par in any event, within YES NO X certificate be executed within completely 3. NAME DE First Middle DATE Last Month DECEASED OF DEATH 41 U.J. 5 (Type or print) 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 8. 7. MARRIED PS NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED [Female 10s. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)
Financial Manager 10b. KIND OF BUSINESS DR 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U.S. Government Washington D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Theresa Mau Lewis Haubrick 15. WAS DECEASED EVER IN U.S. ARMED POR CES. (Yes, no, or unknown) (If yes give war or dates of service) 577 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. U.S. S. Providence Cl6ŏ has been signed by the atta as the burial-transit permi prior to burial, cremation, o 18 6260 Robert W. Grubbs FPO San Francisco INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. certificate has CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 should be detached for use with the State Dept. of Health YES V NO 2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) Hour a.m. While Not While be retained by at work at work JWM. 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: saw the deceased alive on _, and that death occurred at. M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. director, page 3 should be filed v ATTENDING PHYS. DIRECTOR M.D. ADDRESS PHYSICIAN'S NAME (Type) Prof. Bldg. Hans Wodak, M.D. Greenbelt. Md. 23d. LOCATION (City, town or county) een State BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OF CREMADSE REMOVAL (Specify) 5/9/66 Latheran Middle Village Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 1966 15M 4-64

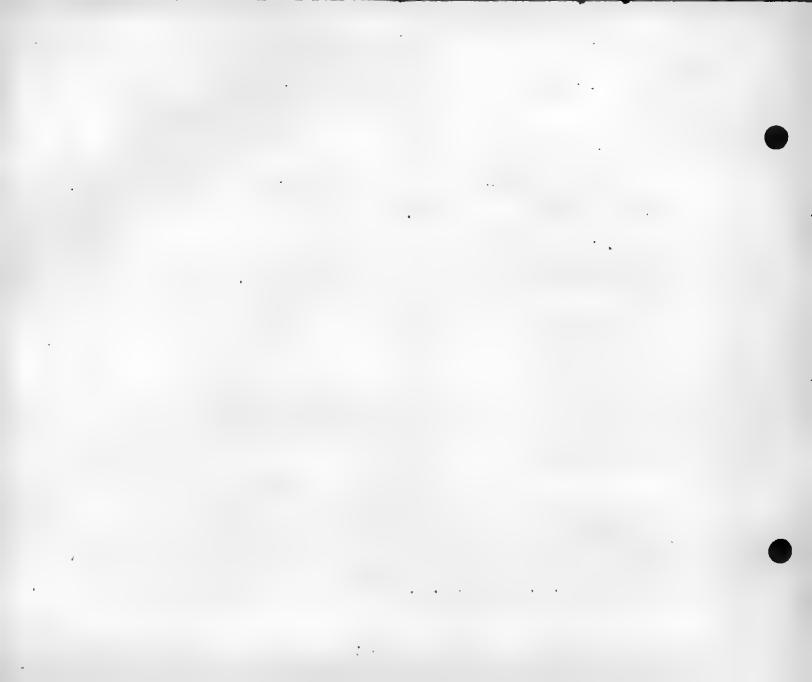
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
	CTRIFICATE OF DEATH 07350						
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er d	Prince George's ARYLAND a. STATE b. COUNTY Prince George's						
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hours a hours rs. Page Page Page Page Page Page Page Page	Cheverly Fairmont Heights						
24 hour	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	Prince George's General Hospital 6309 K. Street YES NO						
executed within 27. This completely fill remove carbon paper any event, within	3. NAME OF First Middle Last 4. DATE Month Day Yeer DECEASED						
ted wi	(Type or print) Baby Girl Haggins DEATH May 8 19 66						
cor cor ove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS last birthdey) Months Days Hours Min.						
ant in any	Temate Negro WIDOWED DIVORCED May /, 1966 yrs.						
7 15 25-5	102. USUAL OCCUPATION (Give kind of work done done lob. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or fereign country) COUNTRY?						
	none Prince George, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
certifica ding ph Then removal							
odini Tr	Lewis NMN Boyd Patricia Yvonne Haggins (Gray - maiden) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
death certificate le attending physi permit. Then ple ion, or removal,	(Yes, no, or unkown) (If yes give war or dates of service) Mother above						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH						
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requires that the diding physician. Deen signed by the burial-trans or to burial, cren	773 5 IMMEDIATE CAUSE (a) TEMPANULLY + COMPANY TO DUE TO						
ohys sign urria	Conditions, if any, which the district of the						
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The lar or att ate ha	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
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NG PHYSICIAN: The law requires that the hospital or attending physician. The this certificate has been signed be detached for use as the burial-transtate Dept. of Health prior to burial, ore	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
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the det	Hour a.m. While Not While factory, street, office bidg., etc.)						
= 7 2 2 0							
OR ATTENDIN y be retained to DIRECTOR: Aff age 3 should b iled with the Si	21. I certify that **(this hospital) attended the deceased from May 7 , 1966, to May 8 , 1966, that (two) last saw the deceased alive on May 8 , 1966, and that death occurred a6:50 M, from the causes and on the date stated above						
retr 3 sk	228. SIGNATURE DIM 22b. DATE SIGNED						
	M.D. ATTENDING DIRECTOR PHYS. XX 5/10/66						
may may be find the f	22c. PHYSICIAN'S NAME (Type) Iradj Mahdavi, M.D. 22d. ADDRESS 6821 Riverdale Rd. Riverdale, Md.						
HOSPITAL Page 4 may FUNERAL director, pag	True in the state of the state						
TO HOSPITAL Page 4 may TO FUNERAL director, pa	29a. BORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. /LOCATION (City, town or county) (State)						
	24. FUNERAL DIRECTOR / C ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after after Prince George's Maryland Prince MARYLAND Mary land Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL end give hearest town) d completely filler ... ages and carbon papers. Pages are within 72 hours at b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town) 1, Jurs Cheverly 3 days Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital PO Box 3387 NO C VES executed within 3. NAME OF DATE Month Day DECEASED Henreitta Henrietta (Type or print) Hamilton . DEATH May 19 66 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH and con AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 7. MARRIED NEVER MARRIED last birthday) | Months | Deys Hours any Female Negro WIDOWED KX DIVORGED [12-24-86 7480 = 10a, USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? death certificate be U.S.A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remo Louise Green Charles Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 been signed by the atters the burial-transit permit. or to burial, cremation, or (YES, 190, or unknown) (If yes nive war or dates of service) Upper Marlboro, Charles Hamilton 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last as CERTIFICATION WAS AUTOPSY r this certificate hadetached for use a te Dept, of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? NO 🗁 YES T the hospital 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20e, PLACE OF INJURY (Home, farm, (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bidg., etc.) (E) Hour a.m. After Id be d Not While be retained by at work! at work 19 ATTENDIN 1956__, to__ May 10, 19 66, that (4) (we) last director, page 3 should should be filed with the 21. I certify that the (this hospital) attended the deceased from May 7 TO FUNERAL DIRECTOR. May 10 and that death occurred at 11:50, from the causes and on the date stated above. saw the deceased alive or DATE SIGNED 22b. 22a. SIGNATURE am ATTENDING MED. STAFF PHYS. M.D. DIRECTOR PHYS. Page 4 may PHYSICIAN'S 22d. ADDRESS LOCATION (City, town or county) (State) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) Washington REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU N.E. Wash.. VR A15 (4) 15M 4-64

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1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	07368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07363
HEALTH DEPT.	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
of de	o. COUNTY Prince George's Maryland O STATE b COUNTY Naryland Prince George's
delay and 3 t M3. Pag tment c	b CITY OR TOWN (If outside corporate limits, the LENGTH OF STAY IN 1b to CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
y delay is and 3 ta PM3. Page artment of fter death	write RURAL ond give neorest town) Cheverly DOA Adelphi
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S I S I S I S I S I S I S I S I S I S I	Prince George General Hospital 1826 Metxerott Road YES NO K
after death If any delay is 8. Give Pages 1, 2, and 3 ta along with form PM3. Page with the State Department of within 72 haurs after death	3 NAME OF First Middle Last 4 DATE Month Doy Year
de la	DECEASED (Type or point) Daniel Paul Hantz OF DEATH 5 31 19 66
fter ong ithill	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TO 8 DATE OF BIRTH 9 AGE (n years IF UNDER YEAR IF UNDER 24 HRS
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hours Office	100 USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR 11 BIRTMPLACE (State or foreign country) 12 CITIZEN OF WHAT
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hin 24 ncil in niper's pages in an	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
d wthin 24 hours in pencil in Item I. Examiner's Office F.le pages, and	Oscar Hantz Celia Sterin
ed v	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service)
d co	No None Oscar Hantz Same as 2
INER: This certificate shauld be executed within 24 hours after death in certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Med cal Examiner's Office along with files. 3.shauld be used as a burial-transt permit. File pages, and with the Statemt, priar to burial, cremation, ar remaval, and in an every within 72 has	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Broncho Pressmonte ONSET AND DEATH
hief oms	PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Broncho Pneumonia
ruld rard re C sl-tr an,	T 7/X DUE TO
sho e w a th a th nati	Conditions, if ony, which gove (b) (b)
o to tree	stoting the underlying couse Dut 10
ifice in the second sec	lost. (c)
certifica , writing arwarde used as burial, c	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
his ate, to to to	AES XX NO
d b	PERFORMED? YES X NO 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enternature of njury in Part or Part R of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH
INER: ne certifi should l files. 3 should ent, prior	CAUSE OF DEATH 2 20c TIME OF th, JRY Month, Dov. Year 20d INITURY OCCURRED 20e PLACE OF INJURY (Home form, 20f (City or town) (County) (State)
PREJICAL EXAMINER: This certificate shauld be executed within 24 please execute the certificate, writing the ward "pending" in pencil in 11 director. Page 4 should be farwarded to the Chief Med cal Examiner's retained for your files. **DIRECTOR:**Page 3 shauld be used as a burial-trans t permit. File pages its designated agent, priar to burial, cremation, ar remayal, and in an the contract of t	Hour o m. While Not While foctory, street, office bldg., etc.)
EXA urte yar yar	piri ir drwork — drwork — j
AL AL Far	21. I certify that I took charge of the englans described above, held an Autopsy 🔀, Inspection 🔀, Inquiry 🔀, and in my opinio
Sign Total	death resulted from. Notural couses () Acident () Suicide () Homicide () Undetermined manner ()
Mean directail DIR	ACTUAL 22 DATE SIGNED
TY % Paragram All and a second secon	PENITY MEDICAL CAMPAIGNESS FOR
TO DEPUTY MESTAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	EXAMINER'S NAME (Type) John Kenge, M.D. Riverdale, Md. Address (Street, city, town, or county) 6-1-66
o DI the the S S mo	230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d (OCATION (City or Town) (County) (Stote)
7 5 2 -	REMOVAL (Specify) 6/3-66 Nat'l Memorial Park Falls Church Va.
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE
6M 1/66	Goldberg Foneral Home 4217 9th St., N.W. DATES UN 7 1966 furnes guilde
	5-47



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07368 CERTIFICATE OF DEATH Authin 24 hours after death. and PLACE OF DEATH filled in by the funeral papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Prince George o. STATE b. COUNTY Prince George Maryland papers. Pages 1 nn 72 hours affer MARYLAND b CITY OR TOWN (if outside corporate timits, write RURAL and give nearest tawn) t LENGTH OF STAY IN 16 c CITY OR TOWN (if gutside corporate armits, write RURAL and give nearest town) Hyattsville Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5716 Chillum Heights Drive Leland Memorial Hospital and in any event, within YES NO 1 remave carbon NAME OF M₂ddle 4 DATE Month First Lost Doy Year campletely DECEASED ÔF (Type or print) DEATH 5 SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR of UNDER 24 HRS 7 MARRIED NEVER MARRIED lost pirthdoy) Months Doys Hours Male White 8-3-1900 WIDOWED X DIVORCED oug 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT requires that the death certificate be ease industry rinting Company COUNTRY? during most of working life, even if retired) Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, signed by the attending phy Harris Unknown 15. WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates of service)] 16. SOCIAL SECURITY NO 17 INFORMANT Address Joy E. Firebaugh 953 County Rd Dist H.ts. burial-transit per burial, crematian, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b), and (c) PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' attending physician DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be detached far use as the State Dept. of Health prior ta has been lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? NO by the hospital or TO FUNERAL DIRECTOR: After this certificate **ATTENDING PHYSICIAN:** 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) 20c TIME OF INJURY Month, Doy, Year (City or fown) (County) Hour a.m. foctory, street, office bldg , etc) While Not While of work of work 196 that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from Page 4 may be retained should with the 19 66, and that death accurred of saw the deceased alive on M, from causes and on the date stated above. STANATURE. 22b. DATE SIGNED 220 ATTENDING director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d. PHYSICIAN S BAME (Type) ADDRÉSS 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5-16-56 Cedar Hill Cemetery Suitland Maryland 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Wilhelm Funeral Home 4308 Suitland Rd Suitland



a/ 1~		MARYLAND STATE DEPARTMENT OF HEALTH									
A A		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
IVI)		C7370 CERTIFICATE OF DEATH	07365								
s affer funeral should	1.	1. PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If e. STATE b. COUNTY									
the and 2 death.	-	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	Prince George								
ages rs after	+	Glenridge Hyattsville Glenridge Hyattsville	ON A FARM?								
uted w letely f pers. F	3	7207 Marywood Street 3. Name of Deceased Addle Model M	h Dey Year								
e execution participal description descri	-5	(Type or print) OBIE RANDALL HAUCH DEATH May	IF UNDER 1 YEAR IF UNDER 24 HRS.								
certificate b hysician and remove carl any event, v		Male White WIDOWED D, VORCED Feb. 13, 1904 62 yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & Stete, or foreign country)	710713								
CL M // /		Clerk U.S. Government Grundy Co. 14. MOTHER'S MAIDEN NAME									
tendi	11 (Lewis Ollie Haugh Hauge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., or unknown) (If yes give wer or detect of service)	is								
he at the T		no 217 44 0135 Elsie N. Hauge Same as #2	(wife) TERVAL BETWEEN								
requires that physician. gned by the ssit permit. ion, or remo		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (e)] DUE TO	PHYSEN T THE								
law re nding p een sig al-trans rematic		Conditions, if eny, which (b)									
The attendate buri		(e), stelling the underlying DUE TO couse list. (c)									
PHYSICIAN: the hospital or this certificate th for use as the th prior to buri	ATION		VEN IN PART T(e) 19. WAS AUTOPSY PERFORMED? YES NO PS								
PHYSIC the hosp his certif I for use th prior	CERTIFICATION	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I or Part if of Tem 18] OR CONTRIBUTING CAUSE OF DEATH	,								
ADING by ined by After I detached	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., elc.) While Not While fectory, street, office bldg., elc.)	(County) (Stele)								
TEP Per Per Per Per Per Per Per Per Per Per		21. I certify that (I) (this hospital) attended the deceased from use 19.7 to 34. Man 19.66, and that death occurred at 12.44, from the causes									
DIRE DIRE 3 should the State		220. SIGNATURE JAMES OF MALONEY ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/ May SIGNED								
Page 4 INERAL For, page ed with I		22e. PHYSICIAN'S THOMASCG. MALONEY 22d. ADDRESS 4-71st av	e. / Syatts MD								
岩毛匠 2 cc	2	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR SEMENTICAL (Specify) 23d. LOCATION (City, to	own or county) (Stete)								
D S D S		Burial 6/4/66 Randal Randal Randal 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. RE	EGISTRAR'S SIGNATURE								
VR A15 (4) 15M 9/60	.	anne - Ma	Thanker Judge								
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MARYLAND STATE DEPARTMENT OF HEALTH _DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY the th a. STATE Mary land Prince Goerge's after after Prince George's MARYLAND by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours hours Cheverly 16 hours Bowie = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Prince George's General Hospital Box 213, Normal School Rd. YES NO completely ye carbon p executed within NAME DE Last DATE Middle Mon th DECEASED ent, Anthony Henry 30 1966 (Type or print) DEATH Mav AGE (In years) IF UNDER 1 YEAR | FUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH any ex 7. MARRIED NEVER MARRIED and Male Negro WIDOWED 1/20/10 56 DIVORCEDXX physician a 2.= 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) þe Then please removal, and i during most of working life, even if retired) COUNTRY? CONSTRUCTION WORKER CONTRACTOR USA MARYLAND BOWLE certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending print. There CHARLES Τ. HENRY FLORENCE M. COLBERT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address ed by the attend transit permit. , cremation, or n 17. INFORMANT 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) | (If yes give war or dates of service) LAWRENCE HENRY SEE 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH this certificate has been signed by letached for use as the burial-trans: Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO [YES 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 1B.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det factory, street, office bldg., etc.) æ Hour a.m. After Id be While Not While at work at work be retained 1966 to May 30 19 66, that 10 (we) last May 29 director, page 3 should should be filed with the 21. I certify that (8) (this hospital) attended the deceased from May 30 66 and that death occurred at 7:05M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE am ATTENDING MED. 5-31-6.6. PHYS. Page 4 may M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23d. REMOVAL (Specify) BURIAL BOWLE METERY MARYLABO CENSION REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966 VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death. deat 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Kehoe a. STATE Prince George's r filled in by the fill papers. Pages 1 hin 72 hours after Prince George's

b. CITY OR TOWN (if outside Corporate limits, write RURAL and give nearest town) Maryland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Approx.8 hrs Riverdale Mt. Rainier d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE within 72 ON A FARM? 22 Eugene Leland Memorial Hospital 3323 Chauncey Place NO X YES executed within letely completely ve carbon NAME DE First Middle Last 4. DATE Month Day Year Exam. notified and approved., John DECEASED remove carb (Type or print) DEATH Lucille Beatrice Henson 1966 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years / FUNDER 1 YEAR | FUNDER 24 HRS 7. MARRIED K NEVER MARRIED last birthday) Months Days Hours рие 7-19-03 WIDOWED DIVORCED T and in 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease be during most of working life, even if retired) INDUSTRY COUNTRY? Virginia Housewife certificate ᆸ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Roberta Beatrice Clatterbuck Robert Lee Doggett, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17. INFORMANT Address permit. 50 (Yes, no, or unkown) (If yes give war or dates of service) Daughter/Medical Record cremation, 577-12-7111 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL DETWEEN ONSET AND DEATH burial-transit PART 1. DEATH WAS CAUSED BY: Coronary Occlusion, Acute day IMMEDIATE CAUSE (a) signed DUE TO Generalized arteriosclerosis unknowN Conditions, If any, which peen gave rise to immediate as the prior to attending DUE TO cause (a), stating the underlying cause last. Me/ has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY Health PERFORMED? certificate ō NO IX YES 50 hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) of, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. Med. detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) be de State Hour a.m. factory, street, office bldg., etc.) Not While fter p.m. 19 at work at work es; w should ith the 100 21. I certify that (i) (this hospital) attended the deceased from 3 should with the 19 66 and that death occurred at 35AM, from the causes and on the date stated above. retai saw the deceased alive on 22a. SICNATURE 22b. DATE SICNED FUNERAL DIN. 88 ATTENDING MED. 5-31-66 M.D. DIRECTOR HOSPITAL PHYSICIAN'S **ADDRESS** director, p Houmann. M.D. NAME (Type) Queensbury Road. Riverdale, Md. should ! 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City, town or county) (State) 2 6/3/66 Fierview Cemetery Culpepper FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR 25b. RECISTRAR'S SIGNATURE Hyattsville, Md. dwit F. Gasch's Sons VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours ofter death. death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH p. COUNTY buriol-transit permit. Then please remove carbon papers. Pages 1 buriol, cremation, ar removol, and in any event, within 72 hours after Prince George MARYLAND Prince George b. CITY OR TOWN (If outside carparate I mits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) Langley Park Langley Park
d NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) filled in 8233 14th Avenue Apt 102 8233 14th Avenue Apt 102 NO SC 3. NAME OF Middle Last 4 DATE Dov DECEASED OF DEATH MAE 14, **HERMAN** MAY 19 66 (Type or print) S SEX 6 COLOR OR RACE 9 AGE (In years IF JNDER 1 YEAR I IF UNDER 24 HRS 7. MARRIED 8 DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Doys Months WIDOWED DIVORCED White April 14, 1897 Female 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY?
U.S.A. 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) requires that the death certificate be during most at warking life, even if retired)
Housewife
13. FATHER S NAME Own Home attending physicion termit. Then pleose Missoui 14. MOTHER'S MAIDEN NAME John Sipp Antionette Nemetz 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Albert J. Herman no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion.

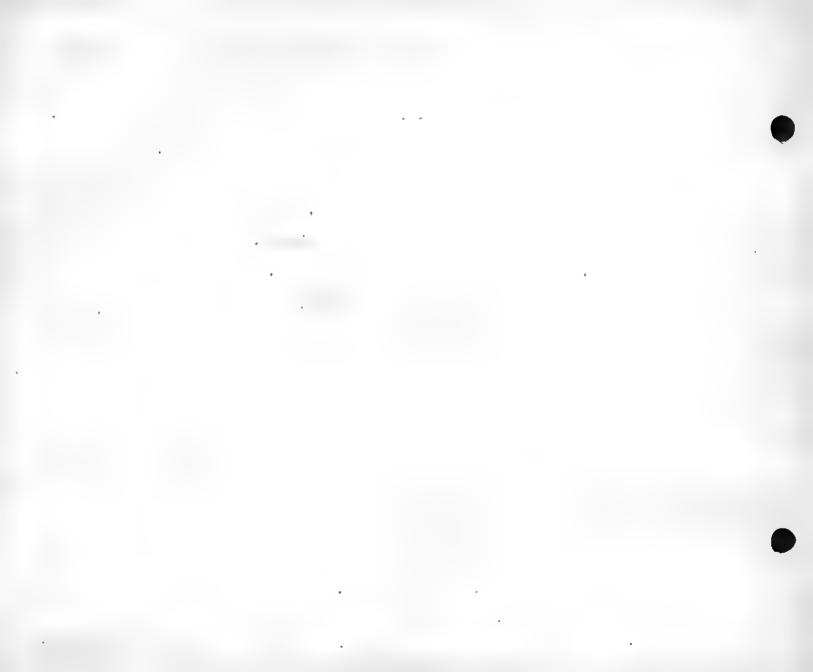
TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditians, if any, which gove rise ta immediate couse (a), DUE TO stoting the underlying couse director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) factory, street, office bldg, etc.) 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** ADDRESS 22c PHYSICIAN'S NAME (Type) PROF BLOCK GREENA 230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Va. 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial 5/17/66 Arlington National Arlington, 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a COLINTY a. STATE Md. b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D. O. A. Ardmore Cheverly .5 bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8823 Ardmore Road Pr. Geo. Gen. Hosp. NO P YES. etely within -pou NAME DE First Middle Last DATE Month Year Day BECEASED SKELTON HIGGINS 1966 C. comple May (Type or print) DEATH executed 5. SEX 6. COLDR OR RACE AGE (in years | IFUNDER 1 YEAR IF UNDER 24 HRS and e 7. MARRIED NEVER MARRIED DATE OF BIRTH Jast birthday) White Months Days Ноигѕ Male 28 Mar 1919 and WIDDWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR physician an please T siz. 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY CDUNTRY? U.S.P.O. Dept. Personel Clerk Washington, D. C. U. S. A. Then pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Skelton C. Higgins been signed by the attending the burial-transit permit. Then it to burial, cremation, or ramon Elizabeth Beery 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes pive war or dates of service) that the death WW 31 Flerence T. Higgins (Wife) Yes 2 AS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the has be as th prior 1 underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY certificate h hed for use it. of Health p PERFORMED? YES I ND P 2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) this certification of I MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Ď a Hour a.m. While Not While After be ATTENDING at work at work p.m. 19 DIRECTOR: Af age 3 should lied with the S retained 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe page MED. PHYS. DIRECTOR M.D. PHYS. may O FUNERAL director, pa should be fil 22c. PHYSICIAN'S 22d. NAME (Type) 4 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Arl. Natl. Ceme. Arlington V۵. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. Hvattsville, Md. Gasch's Sons 66 VR A15 (4) 2DM 1/65 J. W. B.

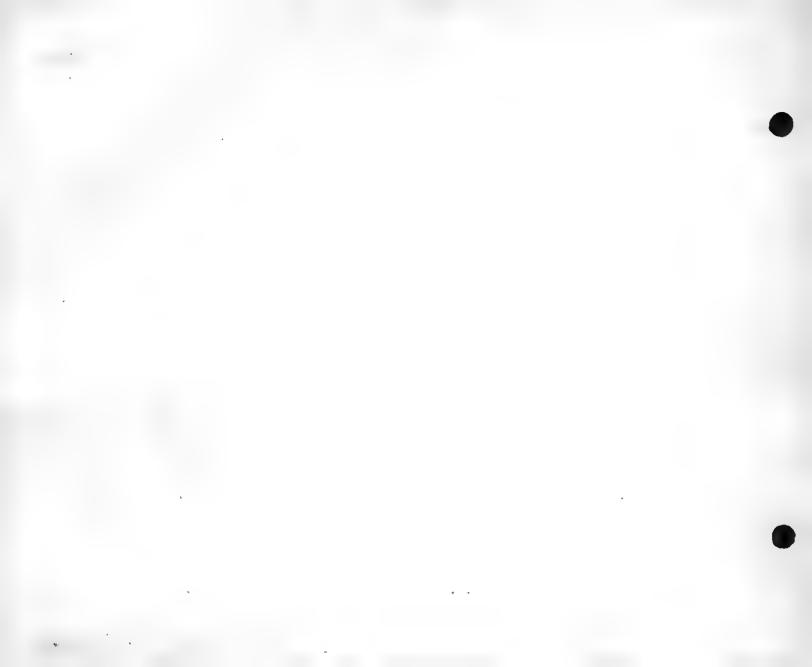


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functioning Residence before admission) o. COUNTY Prince George's Prince George's o. STATE Maryland death. MARYLAND c LENGTH OF STAY IN 16 c. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CIY OR TOWN (If outside corporate mits. 2, and PM3 F write RURAL and give nearest town Cheverly Md Kentland (Kentwood Apts) Hyatts. P O after D.O. A d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 18 Give Pages 1, along with form hours Prince George's General Hospital 7568 Hawthorne St. Apt ate YES NO X aurs after death. w th the Sta within 72 h 3. NAME OF First Lost 4 DATE Month Day Year DECEASED May 10, Nell M. Hilliard 66 19 (Type or pant) DEATH S. SEX 9 AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS ast birthdoy) ₹ Dec. 28, 1912 Months Dovs Hours female white WIDOWED TO DIVORCED event CV. and 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHP_ACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired) INDUSTRY COUNTRY? Virginia in any own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within d "pending" in pertor Chief Medical Examin Cara L. Burnette Thomas E. staples File 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address or removal, (Yes, no, or unknown) ((If yes give wor or dotes of service) 579 07 5206 Nolton: H Hilliard Kentland. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart failure This certificate should crematian, DUE TO Conditions, if only, which gove (b) Arteriosclerotic heart disease over 9 mo. rise to immediate couse (a). forworded to DUE TO 0 stoting the underlying couse used as burial, c 9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X please execute the certificate, prior ta þe 20a EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of neury in Port I or Part II of Item 181) shauld PRIMARY CONTRIBUTING CONTRIBUTING 4 should CAUSE OF DEATH 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) loctory, street, office b dq , etc) Not White of work of work designated 2) I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry 1 and in my apinion the funeral director. Natural causes death resulted from: Homicide | Undetermined manner Acutent i Suicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL I DEPUTY MEDICAL EXAMINER 5 **EXAMINER'S** Health (тпау Riverdale, Md. 5-11-66 NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 23c NAME OF CEMETERY OF TRANSPRY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) 0 Arlington Virginia BEMOVE (Sproty) May 13, 1966 Arlington National 24 FUNERAL DIRECTOR Gasch 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Sons Hyattsville, Md. 's VR A15ME (5) 1966 Charles 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07376 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence bytane o. COUNTY o STATE Maryland b COUNBaltimore Prince George's MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) minutes Baltimore 28 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE hours Pennsylvania Railroad tracks 10 Roberts Avenue YES NOTE X 24 hours after death. 3 NAME OF First Middle 4 DATE Month Doy Year within 72 DECEASED Marv Julia Howard Mav 19 66 (Type or print) DEATH S SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED X X NEVER MARRIED 9 AGE (In years F JNDER 24 HRS 30st birthdoy) Negro March 2, 1932 female WIDOWED DIVOR CED event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most prworking life even fret red)
Housewife NDUSTRY COUNTRYS . A. Marylano 13. FATHER'S NAME This certificate should be executed within 14 MOTHER'S MAIDEN NAME Samuel Hardy Mary Brown ond IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT 14 Roberts Ave. Baltimore 28, permit ar remayol, ecute the certificate, writing the ward "pending Page 4 shauld be farwarded to the Chief Medical Aslean Ellerbee 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY Avulsion of brain IMMEDIATE CAUSE (o) __ burial, crematian, DHE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 5 may be retained far yaur tites.

10 FUNERAL DIRECTOR: Page 3 shauld be to Health at its designated agent, prior to NO TX 200 EXTERNAL CAUSE WAS PRIMARY MO or CONTRIBUTING ☐ CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Same as place of death. 12:0% PM 5-15-66 of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔂, Inquiry + and in my opinion death resulted from: Notural causes Accident & Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-15-66 DEPUTY MEDICAL EXAMINER 1 **EXAMINER'S** After Green and American Property NAME (Type) John Kehoe, M.D. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMAT ON, 5/19/66 Baltimore National Baltimore, Ma. REC'D BY REGISTRAR ADDRESS VR AISME (5) Rockville, Ma.



1	MARYLAND STATE DEPAR Division of STATISTICAL RESEARCH AND RECORDS, 301 W.							
FOR STATE	67377 MEDICAL EXAMINER'S CER							
HEALTH DEPT	I. PLACE OF DEATH a. COUNTY Prince George's MARYLAND b. CITY OR TOWN (f. pulsade comprete limits	usual residence (Where deceased lived, if institution Residence before admission) o. STATE Maryland Baltimore						
2, and 3 ta PM3 Page partmen of after dath	b CITY OR TOWN (foutside corparate firmits, write RURAL and give nearest town) Bowie minutes	CITY OR TOWN (foutside corporate in its write RURAL and give nearest town) Baltimore 28						
E C1 D D		STREET ADDRESS 10 Roberts Avenue e IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO N						
death If we Pages 1, y with farm he State De	3 NAME OF First Middle DECEASED (Type or print) Raleigh	Lost 4 DATE Month Day Year OF May 15 19 66						
rs after 18. Give e along	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DA	ATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 13-29 José pirthdoy Months Days Haurs Min						
h'n 24 hour: nci in Item niner's Office pages land in any even	Oo USUA, OCCUPATION (G ve kind af work done during mast af working life, even if retired) LSOOPER 10b. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT CO.NTRY? U.S.A.						
I within 24 in Penci in Examiner's Examiner's file pages I and in any		Mae Burgess						
rcuted in age in decal Extends Frank Frank Frank or	WAS DECEASED EVER IN U.S. ARMED FORCES? the control of service in the social SECURITY NO Aselean Ellerbee Baltimore 28, Mag.							
d be exerd "pendi Chief Me transit pe	18 CAUSE OF DEATH (Enter only one couse per one for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple skull f 8 / 0 4 DUE TO	INTERVAL BETWEEN						
INER: This certificate shauld be executed within 24 hours after death. If a certificate, writing the ward "pending" in penci in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. 3 shauld be used as a burial-transit permit. File pages land with he State Dent, prior to burial, cremation, ar remayal, and in any even with 72 hours.	Canditions, if any, which gave nse to immediate cause (a), stating the underlying cause last. (b)							
s certifice e, writing farwarde i used as burial, (PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	FRMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? 9ES NO DX						
AMINER: This the certificate, the certificate, at shauld be four files. But files as shauld be agent, priar to	To Dolmady to at Control printing 1	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) Passenger in car struck by train.						
至 士 4 下 9 B	INJURY (Hame farm, 20th (City or tawn) (Caunty) (State) lisest, office-bldg elic) of death							
ALE EXACT. Page ed far yes COOK: Pignated	21. I certify that I toak charge of the remains described above, he'd are death resulted from. Natural causes , Accident , Suicide [, Homicide, Undetermined manner						
TO DEPUTY MEDICAL EXAMIN necessary, please execute the the funeral director. Page 4 sh 5 may be retained far your fill TO FUNERAL DIRECTOR: Page 3 Health ar its designated agent	ACTUAL SIGNATURE ME	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5-15-66						
TO DEPUTY ME necessory, plea the funeral dres 5 may be retail for FUNERAL DIR Health ar its de	EXAMINER'S NAME (Type) John Kehoe, M.D. 23d BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATERY.	Add Bei (Mar Cap. Long, a Malney)						
7	BOUT 18 TV) 5/19/66 Baltimore Na	tional Baltimore, Mo.						
VR A15ME (\$1.3)	Robert K. Daowden Rockville, Ma.	DAMAY 18 1966 Jeliantes Judge						



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAY HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission O COUNTY Prince George's o STATE b COUNTY MARYLAND Marvland Baltimore and 3 1 b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 c. CITY OR TOWN (if outside corporate inmits, write RURAL and give nearest town) Departme minutes Baltimore 28 Bowie d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Pennsylvania Railroad tracks 10 Roberts Avenue in Nem 18 Give Pages YES NO X 3. NAME OF First Lost 4. DATE Month Year DECEASED 0F May Rosalind Marita 66 Howard (Type or print) 19 DEATH IF UNDER 1 YEAR 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years F UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdoy) female Negro Months Doys Hours 6-30-54 WidoWED DIVORCED 100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired)
Student 1 BIRTHPLACE (State or foreign country) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY U.S.A. pages | In ony (Marvland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME s certificate should be executed with Mary Hardy Raleigh Howard, 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT 14 Roberts Ave Baltimore 28, used as a buriol-transit perm t. burial, cremation, ar removal, Aslean Ellerbee 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY Avulsion of brain !MMED.ATE CAUSE (o) .. writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO X YES -20o EXTERNAL CAUSE WAS PRIMAR Y 221 or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Passenger in car struck by train. CAUSE OF DEATH 20s PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) 20c TIME OF INJURY Month, Doy, Year (Stote) Not White of work Same as blace 5 may be retained for your to FUNERAL DIRECTOR: Page 5-1.5-66 of death. 6 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry X, and in my apinian Natural causes / Accident DCk death resulted fram: Suicide Hamicide . Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5-15-66 DEPUTY MEDICAL EXAMINER MA **EXAMINER'S** John Kehoe, M.D. Heolth . NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION (County) Baltimore, Ma. Baltimore National 2Sb. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR VR A15ME (5) Rockville, Ma. Milanda



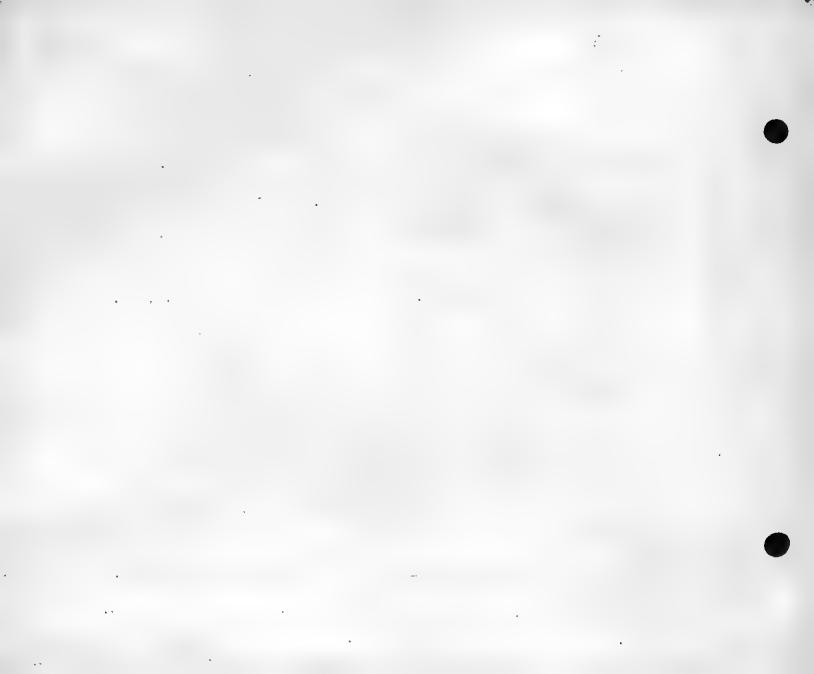
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission Prince George's o STATMaryland b committimore MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c CITY OR TOWN (floutside carparate imits write RURA, and give nearest town) minutes Baltimore 28 d NAME OF HOSP TAL OR INSTITUTION (If not in hosp to give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? ote Del hours 10 Roberts Avenue Pennsylvania Railroad tracks pencil in Item 18. Give Poges caminer's Office along with for YES NO X This certificate should be executed within 24 hours ofter death 3 NAME OF Midd e last 4 DATE Month Doy DECEASED May Maria Howard Roxanne DEATH (Type or print) IF UNDER I YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years F UNDER 24 HRS Negro last birthdoy) female 6-30-54 WIDOWED 11 BIRTHPLACE (Stote or foreign country) IDO USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY Maryland Student 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Raleigh Howard, Mary Hardy File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 14 Roberts (Yes, no, or unknown) (If yes give wor or dates of service) or removol. Aslean Ellerbee Baltimore 28. Ma. IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSE! AND PEATO PART I DEATH WAS CAUSED BY-Multiple fractures IMMEDIATE CAUSE (a). s o buriol-tra cremotion, o arms, legs, pelvis, and ribs) Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO DO Health or its designated agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B) PRIMARYX or CONTRIBUTING CAUSE OF DEATH Passenger of car struck by train. 20e, PLACE OF INJURY (Home form 20d NJURY OCCURRED 20f (City or town) (County) 20c TIME OF thuJRY Month, Doy, Year fosamee as blace of death. 12:04PM 5-15-66 21. I certify that I took charge of the remains described obove, held an Autapsy Inspection x laquiry x and in my opinian death resulted fram: Natural causes Accident/ 32 Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 5-15-66 DEPUTY MEDICAL EXAMINER _ **EXAMINER'S** Ad Reis Vicer Charley, Maliety) John Kehoe, M.D. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (Stote) 0 5/19/66 Baltimore National Baltimore, Ma. 25b REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR VR ATSME (S) 1966 usunden Rockville, Ma.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission o. COUNTY Prince George's b committimore g ST Waryland deoth. MARY, AND Deportment b. CTY OR TOWN (If autside corporate mits, write RURAL and give nearest town) c CITY OR TOWN (f outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 puo minutes Baltimore 28 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? hours 10 Roberts Avenue Pennsylvania Railroad tranks G.ve Pages YES NO DO 3. NAME OF Middie First 4 DATE Month Last Year DECEASED May 15 Michele Howard Sha ron (Type or print) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost besthday) female Negro 11-2-56 DAWOOIW DIVORCED This certificate should be executed within 24 hours 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even fretired) CHINTRY? A. INDUSTRY Maryland ONY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Raleigh Howard, Jr. Mae Haroy Fire 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO 14 Roberts Ave. (Yes no, ar unknown) (If yes give war or dates of service) permit or remova, Aslean Burgess Baltimore 28, No. 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY "ONSET AND DEATH IMMEDIATE CAUSE (o) used as a burial-transburial, cremotion, c e, writing the word forworded to the Ch DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? pieose execute the certificate, YES NO X 200 EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of migry in Part or Part 11 of tem 18.) STAL EXAMINER: CAUSE OF DEATH Passenger in car struck by train. 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) (State) Not While of work Same should death 5-15-66 of work L 21. I certify that I took charge of the remains described bove, held on Autopsy ... Inspection 32. Inquiry X , Įo, and in my opinion Notural causes A. Accident K. X. Suicide ... Homicide death resulted from Undetermined manner CHIEF MEDICAL EXAMINER | ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 moy be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER (3X) **EXAMINER'S** John Kehoe, M.D. AddRa warda lian, Malay) NAME (Type) 73h DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) BREMOVAL (Specify) 5/19/66 Baltimore National Baltimore, Ma. ADDRESS 2So. REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR ATSME IS Rockville, Mc.





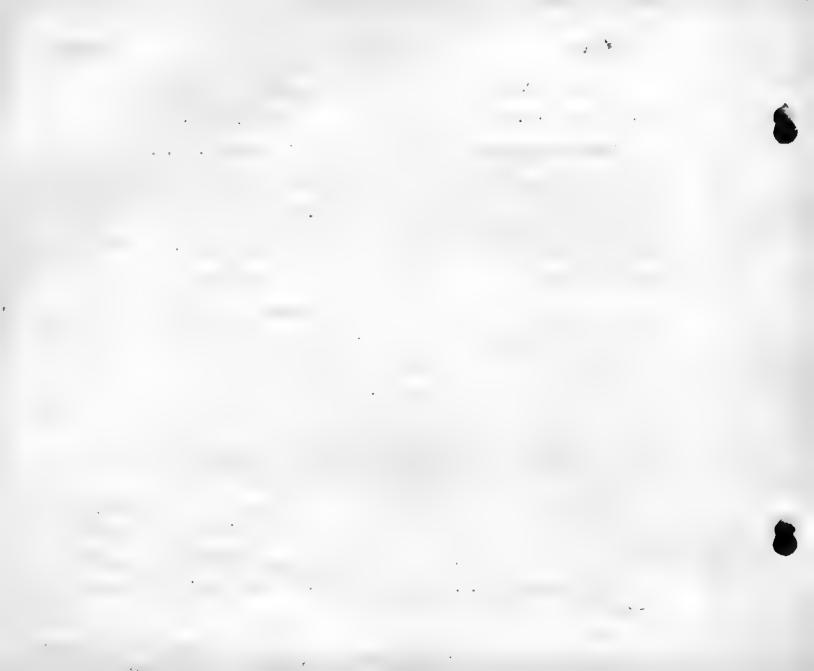
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. プラウ 1. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY y filled in by the fu papers. Pages 1 hin 72 hours after o a. STATE after Cor MARYLAND 0 b. CITY OR TOWN (if outside corporate limits, C\) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? θ. 24 completely fill ve carbon pap event, within a 0 NO F YES executed within NAME DE First Middie 4. DATE Month Day Last DECEASED DF M (Type or print) 50 DEATH au 19 66 0 5. SEX 6. COLOR OR RACE етлоуе DATE OF BIRTH 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED [last birthday) Months | Days Hours 1 any апд DIVORCED T WIDOWED 1Da. USUAL OCCUPATION (Give kind of work done during most of working live, even if retired) 5 sigian case r 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT (County & State, or foreign country) 9 NDUSTRY and COUNTRY? mich U.S.a death certificate FATHER'S NAME MOTHER'S MAIDEN NAME гетома attendings an CES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a **DUE TO** Conditions, If any, which (b) gave rise to Immediate as the prior to DUE TO cause (a), stating underlying cause last, O FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY PERFORMED? 19. YES [NO 2Da. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While b.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at saw the deceased alive on. M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. page STAFF PHYS. DIRECTOR PHYSICIAN'S 220. ADDR ESS director, p should be 1 NAME (Type) UER NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF town or county) (State) REMOVAL (Specify) Harmony Memorial Park Prince Georges, Md. -16-66 Burial ADDRESS 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 John T. Rhines Company VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. funeral after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the h b. COUNTY Prince George's Co. after Marvland Georges MARYLAND filled in by the papers. Pag≡s hin 72 hours afte b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Berwyn Heights. Md. Riverdale, Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE filled ON A FARM? 2 within Eugene Leland Memorial Hospital 5709 Seminole St. YES NO K within completely ve carllon p 3. NAME DE First Middle Last DATE Month Day Year DECEASED sidian and complet lease remove carll and in any event, v Wilbur T. /15/66 (Type or print) Hunt DEATH 19 executed 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX last birthday) Months | Days Hours Male 10/17/12 White WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, of foreign country) COUNTRY? U.S.A. ELECTRONICS rec U Elect. Tech Kentucky
14. MOTHER'S MAIDEN NAME death certificate 宣 튄 13. FATHER'S NAME been signed by the attending ph the burial-transit permit. Then if to burial, cremation, or removal Mary Elizabeth Spurlock Samuel K. Hunt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) | (If yes give war or dates of service) UNKNOWN Wife 40407 Same as patient INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as the underlying cause last. CERTIFICATION PARTII, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY for use Health PERFORMED? certificate YES 🗀 NO [PHYSICIANS 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f te Dept. of MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While After Id be d at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: Jage 3 should lifed with the M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED SIGNATURE 22a. page ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. O HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p NAME (Type) LOCATION (City, town or county) (State BURIAL, CREMATION, 23b. DATE THEREOF 23c. CEMETERY OR CREMATORY REMOVAL (Specify) 2 8 1966 wie REGISTRAR'S SIGNATURE FUNERAL DIRECTO ADDRESS REC' 'D BY REGISTRAR VR A15 (4) 20M 1/65



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•	O HOSPITAL OR ATTEN Oge 4 moy be refolined of FUNERAL DIRECTOR: 4 director, page 3 should should be filed with the	22a SIGNATUR	Vine	Whn	/	M.D.	ATTENDING PHYS 22d ADDRESS	MED. DIRECTOR STAFF PHYS.		TE SIGNED /19/66			
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	VR A15 (4) 20 M 1/66	24. FUNERAL DIRECT	S Jenny /	ten 3	89RT G	4			Clarle				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. (2380) deoth. Page 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY o. STATE Maryland Prince George b. COUNTY Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town District Il ichts District Heights d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 2707 Lochell Avenue 2707 Rochell Avenue YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 1024 19 66 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 3 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Male White Months Days 4-12-1914 Hours WIDOWED IT DIVORCED [YES. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Bro. of Trainmen Labor Repre Maryland U.S.A. ⇒ntative 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Jenkins Clara Crowle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address Rochell Avenue Marv E. Jenkins 2707 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While Not while of work of work 19/26, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 37 alive on ...M., fram the causes and an the date stated above. ADDRESS (Street DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Silver Spring Maryland 5-7-66 late of Heaven 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Suitland VS A15 (4) 15M 10/57

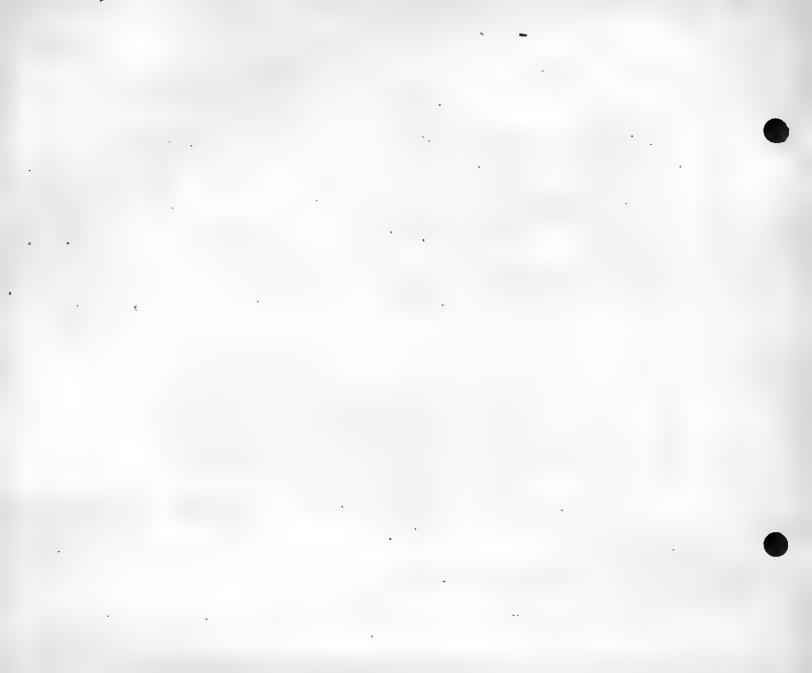


CZ386 CERTIFICATE OF DEATH	07381
	ere deceased lived, If Institution: Residence before admission) b, COUNTY
II & SIMIC	Prince George's
	e corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
Prince George's General Hospital	ON A FARM? YES NO P
3. NAME OF First Middle Last 4.	DATE Month Day Year
(Type or print) Floyd Johnson	DEATH May 27 1966
1. MARRIED NEVER MARRIED N	last birthday) Months Days Hours Min. V
2/20/00	State, or foreign country) 12. CITIZEN OF WHAT
Pi Ge's Co	. Md. COUNTRY?
13. FATHER'S NAME	ME //
Charles Joseph Johnson Flsie M.	Chapman
(Yes, no, or unkown) (If yes give war or dates of service)	10 . At 1-Box 267-131
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decile Color	DNSET AND DEATH
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T 208. ACCIDENT WAS UNDERSTING 208. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury of 10 pc contributing Cause of Death	In Part 1 or Part 11 of Item 18.)
	20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While factory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from 5/26 , 1966	, to 5/27 , 1966 , that (I) (we) last
	M, from the causes and on the date stated above.
ATTENDING MED.	STAFF W 5/20/66
22c. PHYSICIAN'S (22d. ADDRESS	The state of the s
Iradj Mahdavi, M. D. 6607 Riverda	ale Rd., Riverdale, Md.
BREMOVAL (Specify) May 3066 25 Many Church Cem. 123	Despared of Marie (State)
ma the same of	REGISTRAR 256. REGISTRAR'S SIGNATURE
Martell adams - aguases, Mar, DATEIN	1966 Pcharles Judge
	1. PLACE OF DEATH a. COUNTY Prince George's D. CITY OR TOWN (if outside corporate limits, with Rural and give nearest town) Che verly' A NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) Prince George's General Hospital 3. MANE OF DEATH Cheverly' A NAME OF CHEVER OF THE ORD OF TH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY Prince George's a. STATE Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b completely filled in by to ove carbon papers. Page y event, within 72 hours a write RURAL and give nearest town) Cheverly l days Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 4th & Chestnut Avenue YES NO. within NAME OF First Middle DATE Last Month Day Year DECEASED Ignatious Johnson (Type or print) DEATH 3 Mav 1966 executed sician and com lease remove i \$EX 6. COLDR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED KX NEVER MARRIED [9. last birthday) Months Davs Hours Male Negro WIDOWED 2/9/07 DIVORCED [59 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laborer Penna. Railroad Maryland certificate physic n ple HAS. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova been signed by the attending p the burial-transit permit. Then or to burial, cremation, or remova Alfred Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Hattie 16. SOCIAL SECURITY NO. 17. INFORMANT Lth & Chestnut Ave. (Yes, no, or unkown) (If yes give war or dates of service) death Henrietta Johnson-Bowle, Maryland Yes WW Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY certificate h for use Health PERFORMED? CERTIFICAT NO TO YES MEUMON, U PHYSICIAN: T the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) letached f Dept. of SO MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) DIRECTOR: After the age 3 should be defined with the State D factory, street, office bldg., etc.) Hour a.m. While Not While retained by ATTENDING 19 at work at work 21. I certify that (this hospital) attended the deceased from May 2 , 1966 , to May _3_, 19__66 that ≰) (we) last Mav 3 66 and that death occurred a2:20 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. þe O FUNERAL DIRE director, page 3 should be filed v ATTENDING M.D. PHYS. DIRECTOR PHYS. 4 may PHYSICIAN'S ADDRESS 22d. NAME (Type) Frederick H. Wilhelm 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION, 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Burial ington Arlington National REC'D BY REGISTRAR **FUNERAL DIRECTOR** 1966 VR #15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07383 HEALTH DERT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o COUNTY Prince George's o STATE 2, and 3 to PM3. Page Maryland Prince George's MARYLAND b CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) r LENGTH OF STAY IN 16 Oxon Hill DOA Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours in Item 18, Give Pages 6610 Klaystad Drive YES NO X Prince George General Hospital 3. NAME OF Middle 4 DATE within 72 DECEASED (Type or print) DEATH Joseph Wallace Johnson S SEX 9. AGE (In years 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH F UNDER 1 YEAR NEVER MARRIED lost birthdov) Months Dovs WIDOWED DIVORCED Negro July 1914 Male 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? Construction Maryland

14 MOTHER'S MAIDEN NAME U.S. Laborer 13. FATHER'S NAME be executed within Charles Johnson Elnora Hawkins 1S WAS DECEASED EVER NUS ARMED FORCES? 16 SOC A. SECURITY NO (Yes no, or unknown) (If yes give wor or dotes of service) 579-07-7798 17 INFORMANT Address or removal. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY DISET AND DEATH Asphyxiation IMMEDIATE CAUSE (a) e, writing the word forwarded to the Cl This certificate should Conditions, if any, which gave From cave in. ase to immediate couse (a). DUE TO storing the underlying couse PART II OTHER'S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES DE NO L. VINECTOR: Page 3 should be its designated agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Part I or Port II of Item 18.) PRIMAR OF OF CONTRIBUTING CAUSE OF DEATH Asphyxiated in collapse of wall in excavation. 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF N.JRY Month, Day, Year 20d INJURY OCCURRED County, Mary Tand (Stote) Lot 7-FF Epping Ave. Oxon Hill, Prince Geo. While of work State of 1966 10:30amm 5-5-21. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection 🔀 Inquiry IC and in my opinian Ketident X denth resulted from. Noturab causes Suicide [7] Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Kehoe, M.D. 5 moy 10 FUNE Riverdale, Md. Address (Street, city, town, or county) 5--6--66 the 23b DATE THEREOF 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 5/10/66 Harmony Mem. Park Landover. Md. 2So REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REG STRAR'S SIGNATURE John T. Rhines & Co. 3015 12th St., N.E. DAMAY 12 VR A 15ME (5) 6M 1/665 Mcliente, Ja

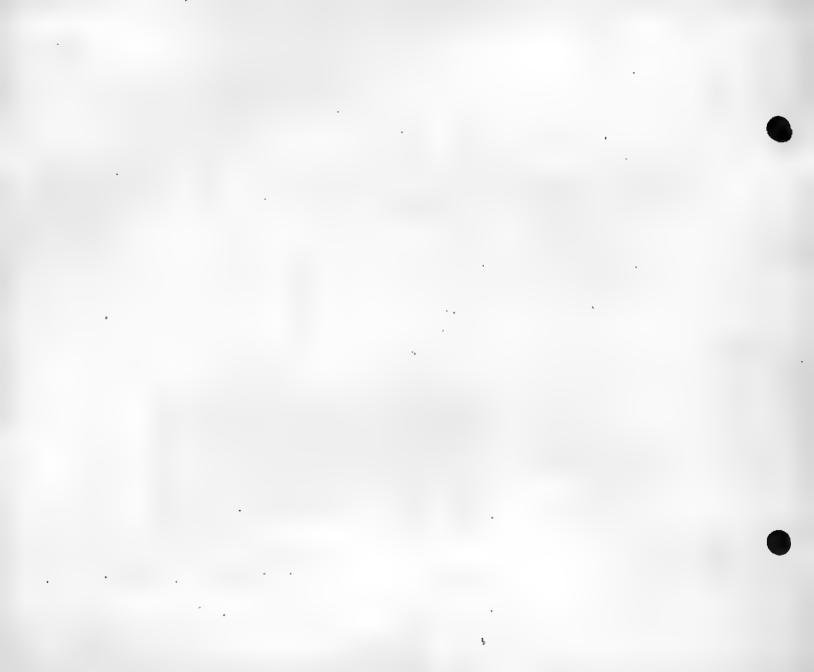


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES HEALTH DERI). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY **b** COUNTY deloy is 40 death. Prince George MARYLAND District of Columbia c CITY OR TOWN (If autside corparate ...m.fs, wr.te RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 puo P.M.3. write RURAL and give nearest town) after (Camp Springs 165 m Washington 45 minutes d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Office along with form ote 30th St., S.E in Item 18. Give Poges YES 🗍 NO 4 Andrews Air Force Base Hospital 24 hours after death 3 NAME OF Middie Inst 4 DATE Month Doy Year within 72 DECEASED the William E Johnson (Type or print) DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF LINDER 24 HRS 7 MARR ED NEVER MARRIED lost birthdoy) Months Dovs WIDOWED DIVORCED 26 Mar., 1905 61 N 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? durigaymost of working fe, even if retired) UNDUSTRY PLUMBER LUMBING pencli 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed with.n Examine Ξ HNSON ٥ mnd WAS DECEASED EVER IN U.S. ARMED FORCES? JNFORMANT 16 SOCIAL SECURITY NO Chief Medical permit. (Yes, no. or unknown) (If yes a ve wor or dates of service) remayol LAK pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH O. Hemorrhage and shock IMMEDIATE CAUSE (a) word certificate should used os a buriol-tra burial, cremotian, DUE TO Conditions, if any, which gave Multiple pelvic fractures and fracture of (b) rise to immediate couse (a), DUE TO rt femur 1 hr 15 mi stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION GIVEN N PART 1(0) the certificote. YES | NO designated agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) PRIMARY Gor CONTRIBUTING CAUSE OF DEATH shauld Pedestrian struck by car 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) factory, street, office bldg, etc.) Hour o.m Not While may be retoined for your FUNERAL DIRECTOR: Page at work nr rt 5 Camp Springs P.G. please execute Md 21. I certify that I taok charge of the remains described obave, held on Autopsy [Inspection x, Inquiry x and in my opinion Morurol couses , Academt the funeral director deoth resulted fram: Suicide 🗍 Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER 5 may be retoined TO FUNERAL DIS ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Riverdale, Md DEPUTY MEDICAL EXAMINER C **EXAMINER'S** John Kehoe, M.D. 5-22-66 NAME (Type) BURIAL CREMATIC 23c NAME OF CEMETERY OR CREMATOR 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) BUATA FUNERAL DIRECTOR VR A15ME (SK 6M 1/66



RYLAND	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, N	YLAND STATE DEI ARCH AND RECORDS	MAK VISION OF STATISTICAL RESE	DIVISION	
05528	TE OF DEATH	CERTIFICAT	390	0.3330	4-
George's	2. USUAL RESIDENCE (Where deceased lived, It institution: R a, STATE b. COUNTY Maryland Prince	MARYLAND	nce George's	1. PLACE OF DEATH a. COUNTY Brince	iter deat
d give hearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL S. Upper Marlboro	1 hr. 10 mins	OR TOWN (if outside corporate limits, RURAL and give nearest town)		tront
e. IS RESIDENCE ON A FARM? YES NO	d. STREET ADDRESS RFD Box 2751		or Hospital or Institution (if not in trince George's Genera		S / /
Day Year 19 66	Jones 4. DATE Month OF DEATH May 29	Middle	print) Baby Bo	3. NAME DF DECEASED (Type or print)	I with
1 10	8. DATE OF BIRTH 9. ACE (In years FUNDER last birthday) yrs.	DIVORCED [6. COLOR OR RACE 7. MARRIED WIDOWED	Male	and and
ZEN OF WHAT NTRY?	Prince George's Co., Md.	NDUSTRY	CCUPATION (Cive kind of work done 10b. I f working life, even if retired)	during most of working	i pue
	14. MOTHER'S MAIDEN NAME Mary Irene Jones		liam Arthur Brown	William	уош э.
	Mother Same as a		okown) (If yes give war or dates of service)	(Yes, no, or unkown)	tion, or s
INTERVAL BETWEEN ONSET AND DEATH	'clic	anacyh		Conditions, If a gave rise to cause (a), six underlying cause	ior to burial, crema
19. WAS AUTOPSY PERFORMED? YES NO	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CURRED. (Enter nature of In)ury In Part 1 or Part 11 of Item 18.			PART II. OTHER SI	Health 2
y) (State)	LACE OF INJURY (Home, farm, 20f. (City or town) (Cou	NJURY OCCURRED 200. PLA	JE DE INITIDY Month Day Year 20d		e Dept. o
	nat death occurred at8:15 M, from the causes and on t	ed the deceased from	he deceased alive on 17,5/29	21. I certify saw the dec	0)
/66 ————	M.D. ATTENDING MED. STAFF 5/3 22d. ADDRESS 5/3	i M.D	IVSICIAN'S	22c, PHYSICIAN	oe filed
	RY OR CREMATORY 23d. LOCATION (City, town or con	23c. NAME OF CEMETERY	CREMATION, 23b. DATE THEREO	23a. BURIAL CREMA	should
SIGNATURE	Maryland DATEUN 15 1966 Feliant	ADDRESS		4. JUNERAL DIREC	AP ?
y) = CE/e y a si	LACE OF INJURY (Home, farm., 20f. (City or town) (Counterly, street, office bidg., etc.) 5/29 , 1966 , to 5/29 , 196 nat death occurred at8:15 M, from the causes and on to the street of the street	NJURY OCCURRED 200. PLAN factor at work 19.66, and that 19.66 and that 23c. NAME OF CEMETERY Prince George	RIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER) WE OF INJURY Month, Day, Year 20d. Fur a.m. White fur a.m. 19 white fur at wor certify that (I) (this hospital) attend the deceased alive on 15/29 GNATURE IYSICIAN'S MME (Type) Iradj Mahdan AL (Specify) AL (Specify) 6/12766	20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOT.) 20c. TIME OF IT Hour a.m. p.m. 21. I certify saw the dect 22a. SIGNATUR 22c. PHYSICIAN NAME (Typ.) 23a. BURIAL, CREMMENOVAL (Specific propertion)	should be filed with the State Dept. of Health

24,



1 (NA	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07385
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence of COUNTY) 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence of COUNTY)	
Pog t	Prince George's MARYLAND Illinois	
y delay is and 3 to PM3 Poge ortment of fter death.	write KUKAL and give nearest town)	nearest tawn)
Pop Popular	Cheverly 12 hours Stewardson d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
F Con Day	Prince George General Hospital Rural Rt. 1	e. IS RESIDENCE ON A FARM? YES NO X
within 24 hours after death 11 cry delay is pencil in Item 18. Give Pages 1, 2, and 3 to cominer's Office along with form PM3 Page le pages 11 cry with the State Department of in all other event within 72 hours after death.	3 NAME OF First Middle Last 4 DATE Month	Doy Year
r de ve l g w the	DECEASED OF OF OPENTY STATE OF DEATH 5	1 1966
afte Slone Slone with	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED 2 8 DATE OF BIRTH 9 AGE (In years FUNDER I	YEAR IF UNDER 24 HRS
hours liter 18 Office of the country	Male White WIDOWED DYORCED 31 Aug. 1947 18 VIS	
in Item I er's Office	10b USUAL OCCUPATION (Give kind af wark dane during most at warking life, even if retired) 12. CT (NDUSTRY) 12. CT	ZEN OF WHAT
er's	during most of working life, even if retired) SOLDIER; 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1.5
ithin 2 encil i prainer page 1 in or		
d with the Exon Exon File ond		×1 -
cute ng" dical	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service) UNKNOWN WAS DECEMBED AND SAMPE AS UNKNOWN	#2
ate should be executed the word "pending" is to the Chief Medical to burial-tronsit permit, cremation, or removal,	Ps. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	INTERVAL BETWEEN
be "pe hief hief onsi	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Hemorrhage and shock	ONSET AND DEATH
ould vord ne C al-tr ion,	OUE TO From Laceration of spleen, rupture of stomach	
sho ne v no th buri	(onditions if any which gave tise to immediate cause (o), (b) and fracture of right tibia and fibula	-
cafe ed 1 s o cre.	stating the underlying cause lost.	
s certificate should be executed within 24 hours after death e, writing the word "pending" in pencil in Item 18. Give Page forwarded to the Chief Medical Examiner's Office along with f used as a burial-transit permit. File page the with the State burial, cremation, or removal, and in any exent within 72 harms.	PART I OTHER SIGN FRANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISEASE CONDITION CIVEN IN DART 1/-)	19 WAS AUTOPSY PERFORMED?
. 0 = = .	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II of item 18) PR MARY Sor of preath	PERFORMED? YES NO X
AMINER: This of the certificate, at should be for our files. ge 3 should be u gent, prior to be	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Part II of Item 18.)	
INER:] te certific should b files. 3 should tries.	LOSSON AT ADM TWITE TWO AND AD LISTAGE	
S S T T S T	20c. TIME OF INJURY Manith, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour a.m. While Nat While Nat While Rectance of the place of the pla	ty) (State)
	12:45 pm 1 4-10- 100 latwark by Baltimore Washington Parkway	
AL AL Porton	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection x, Inquiry .	ond in my opinion
MEDICA oleose ex director. etoined i DIRECTO	death resulted from: Natural couses), Accident , Suicide , Hamicide , Undetermined manner .	
MECTCAL EXAMIN pleose execute the director. Poge 4 sh etoined for your fil DIRECTOR. Poge 3 3 ts designoted ogeni	SIGNATURE SAMMER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY or i	EXAMINER'S DEPUTY MEDICAL EXAMINER	
TO DEPUTY MESTAL EXAM necessory, pleose execute the funeral director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designoted age	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)	5-2-66
TO I nec the 5 n FO F		Caunty) (State)
_	BRADYAL (Specify) 5-7-1966 FINLAY CEMETERY FINLAY, 141 No. 24. FUNRAL DIRECTOR ADDRESS 250, REC D BY REGISTRAR 5-360 TREGISTRAR 5-360	
VR A35ME (5) 6M 1/66	W. W. CHAMBERS CO., Riverdale, Md. MAY 9 1966 (Charle	



	1		Division of STATIS	FICAL		MARYLAND STATE DI IRCH AND RECORDS, 30				IARYLAND :	21201	
M		0739	2		MEDI	ICAL EXAMINER'S	CERT	IFICATE	OF DEATH		073	386
P). ∵∉i		PLACE OF DEATH o. COUNTY	ince George	is		MARYLAND	2 US U	uat RESIDENCE STATE Marylar	(Where deceased lived, if	institution Resi	dence before	odmission)
2 hours after death.		L CTY OF TOWN I	If outside corporate mit d give neorest town)			E LENGTH OF STAY IN 16	c C TY	c (TY OR TOWN (floutside corporate in its write RURAL and gi			give neorest	town)
CC		d NAME OF HOSPIT	AL OR INSTITUTION (If n	of in hos	spitol, gi	ive street oddress)		EET ADDRESS			e	IS RESIDENCE ON A FARM?
0		Jerich	o Park Road	l				8 Rober	ts Avenue		YE	
	3	NAME OF DECEASED (Type or print)	James	rs†		Midd e Ester	K	cost ent	4 DATE OF DEATH	Month 5	Doy 15	Year 1966
		male	6 COLOR OR RACE	7 MAI WIDI	RRIED	NEVER MARRIED K		OF BIRTH 2-58	9 AGE (In y			Hours Min
		JSUAL OCCUPAT ON ing most of working	(Give k nd of work done life, even if retired)			ND OF BUSINESS OR DUSTRY	11 B	BIRTHPLACE (Stot	e or foreign country)	12	CIT ZEN OF V	VHAT
	13.	FATHER'S NAME Jame	es Kent				14 M	OTHER'S MAIDEN He	len Smith			
Ival, and	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANI Helen Kent 8 Robert Ave. (Catonsville										
burial, cremation, ar remaval,		18 CAUSE OF DEPART I DEAT Conditions, if ony, rise to immediate stating the underland.	e couse (o), ((o) TO		(o), (b), ond (c)) <u>lsion of brair</u>					INTER ONSE MINI	VAL BETWEEN I AND DEATH 1 LOS
ę.	AT.ON	PART I OTHER SI	GNIFICANT CONDITIONS (ONTRIBL	UTING TO	O DEATH BUT NOT RELATED TO	THE TERM	VINAL DISEASE CO	OND THON GIVEN IN PART	1(0)	PI	AS AUTOPSY ERFORMED?
The first of the f							ain wn)	(County)	(Stote)			
	N	12:04pmp death result	y that I took charg		ot work ne repa	gins described abave, h Accident Sui	eld an A	Autopsy 🔲.], Homicid	, inspection X, e , Undetermin	Inquiry X		Md. n my op n on
		ACTUAL SIGNATURE		M	3	Ketr	_M D		AL EXAMINER			DATE SIGNED 5-1.5-66
Health ar		EXAMINER'S NAME (Type) JO	hn Kehoe M	D	Rin	verdale, Maryl	and		et, city, town, or county)			J-1. J-00
The state of the s	230	BURIAL, CREMATIC	DN, 23b/ DATE TH	FREOF	6	23c NAME OF CEMETERY OR)RY	23d_LOCAT ON (Cit	y or Town)	(County)	VId. (Stote)
ROS	24	FUNERAL DIRECTO	Il lelem	1/	1341	8 Bel Com	- ,	250 REG	1 .	Sb REGISTRAR	S SIGNATURE	der



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) riour 275/ 11 / 11- - 1 Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS B. IS RESIDENCE event, within 72 ON A FARM? YES NO completely executed within 3. NAME DE DECEASED First Middle i ast DATE Month Ωav Year DFATH (Type or print) 19 5. SEX 6. COLOR DR RACE | 7. MARRIED and cor DATE OF BIRTH ACE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED [last birthday) Months Oays Hours WIDDWED TY DIVORCED F 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir certificate be COUNTRY? Housewife Virginia USA At Home 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетота Oscar Headley Mildred Pinkard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT Address Essex Drive (Yes, no. or unkown) | (If yes give war or dates of service) that the death No Doris McLaren exington Pa in signed by the burial-transit p burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: MINUF IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the as the underlying cause last. this certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? YES X NO [2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) ö MEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) State | Hour a.m. After Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from April 18 19.66 to May 27 19 66 that (I) (we) last TO FUNERAL DIRECTOR: 19 66 and that death occurred at ... M, from the causes and on the date stated above. saw the deceased alive on May 27 22a. SICNATURE 22b. DATE SICNED page ATTENDING PHYS. MED. DIRECTOR May 28, 1966 M.D. Page 4 may PHYSICIAN'S NAME (Type) 22d. A00RESS 1835 Eve director, p Eve St. N.W., Washington, D. C. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23b. 23d. LOCATION (City, town or county) (State) Bethanv Cemeterv Callao Virginia FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SICNATURE VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAY HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o. STATE t0 PM3. Page **b** COUNTY of Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1h c (ITY OR TOWN (If outside corporate imits, write RURA, and give nearest town) and College Park Riverdale DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? farm Give Pages 5200 Palco Place YES NO IC Leland Memorial Hospital after death alang with NAME OF Lost 4 DATE Dov Year DECEASED Type or print DEATH 19 66 Margaret Bernice Kerchner with w 6 COLOR OR RACE AGE (n years 7 MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Item 18. Dovs Hours WIDOWED DIVORCED Nov. 1904 Female White 100 USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? áuò Own Home ⊆ pages in any Housewife Illinois Examiner's pencil 1 This certificate should be executed within 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Vane Charles Evelyn Stevenson File 15 WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address e, writing the ward "pending" ir farwarded ta the Chief Medical permit. remayal. 220 16 5031 William F. Kerchner Same as #2 no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart failure В s a bunal-tra crematian, c writing the ward DHE TO Conditions, if ony, which gove (b) Arteriosclerotic heart disease over 6 vrs rise to immediate couse (a), DUE TO stoting the underlying couse used as buriat, a SD las1 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? CERTIFICATION the certificate, YES NO K \$ Pe shauld be 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port or Port II of item 18) 3 should designated ogent, priar PRIMARY OF CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour om. foctory, street, office bldg. etc 1 5 may be retained far yaur to FUNERAL DIRECTOR: Page Health at its designated age While Not While of work please execute ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X. and in my opinion deoth resulted from? Notorol couses 17kg Accident Suicide [Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** John. Kehoe, M.D. NAME (Type) Riverdale, Md. Address (Street, city, town, or county) 234 NAME OF CEMETERY OF SEREMATORY 23b DATE THEREOF BURIAL CREMATION. 23d LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial Md. Baltimore, 5/16/66 Baltimore National 25h REGISTRAR SA GNATURE SA 24 FUNERAL DIRECTOR 25 . REC'D BY REGISTRAR VR A15ME_(5) Francis Gasch's Sons Hyattsville, Md.



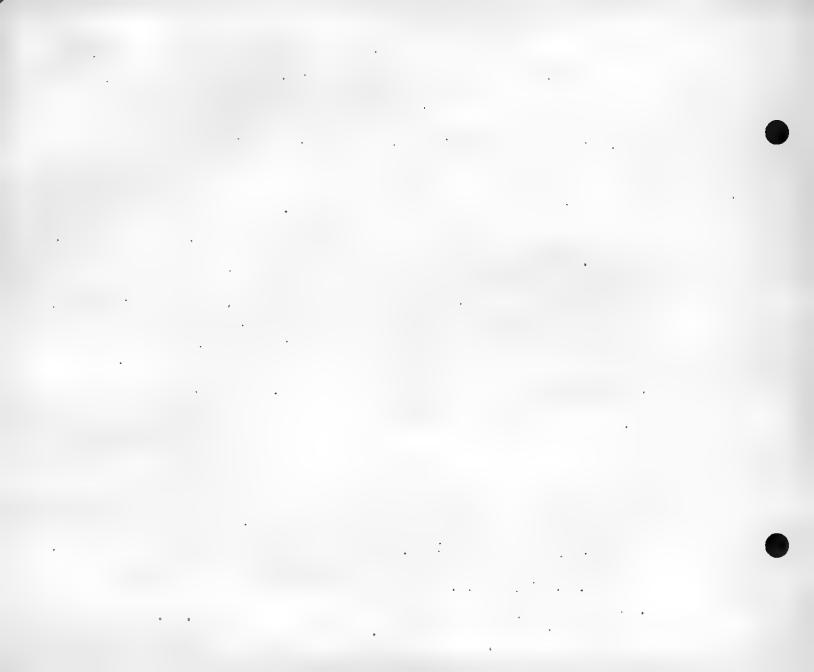
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b rs. 1. .≘ Cheverly 9 hr. 44 min Greenbelt d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Prince George's General Hospital 27 Woodland Ave YES NO executed within completely carbon NAME OF First DATE Middle Month DECEASED HRII Baby Boy event, Kerr May 19 66 (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED X emove last birthday) | Months | Days any White and Male May 2, 1966 WIDOWED [DIVORCED [Ξ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA physician lease I INDUSTRY certificate be COUNTRY? Prince George's, Md. none --USA ᆷ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then remova Alice White Burton Kerr 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) \ (\(\) (if yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT igned by the attend rial-transit permit. rial, cremation, or r Address Mother same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 1161 DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. certificate has 88 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? CERTIFICAT YES X NO [20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) this certification detached for the Dept. of 1 MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. Not While After While p.m. at work at work 21. I certify that (1) (this hospital) attended the deceased from 2.2/ 7 h 5.2 19 60 to /20302 5 o i FUNERAL DIRECTOR: A director, page 3 should should be filed with the and that death occurred at 12:06, from the causes and on the date stated above. saw the decéased alive on 19 22b. DATE SIGNED 22a. ZSIGNATURE 5/3/66 MED. DIRECTOR 22d. ADDRESS director, p should be William C. Weintraub, M.D. Prof. Bldg. Centerway, Greenbelt, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b BATE THEREOR 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 Maryland rince George's Gen. Hosp. Cheverly. remation 6 66 UNERAL DIRECTO ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Administrator. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) E E etely filled in by the further bon papers. Pages 1 a within 72 hours after d b. county.
Prince Georges STATE PrinceGeorges Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C. LENCTH OF STAY IN 1b Cheverly 34 days Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ysician and completely fi please remove carbon pa , and in any event, within PrinceGeorges General Hospital 1901 Erie Street NO TY YES executed within NAME OF First Middle Last DATE Month Year DECEASED OF (Type or print) DEATH Susar King 19 66 May 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED 8. last birthday) | Months | Hours Davs WIDOWED 3 DIVORCED [13 Female Sept. 1883 1Da. USUAL OCCUPATION (Cive kind of work done done done)

1Db. KIND OF BUSINESS OR during most of working life, even if retired)

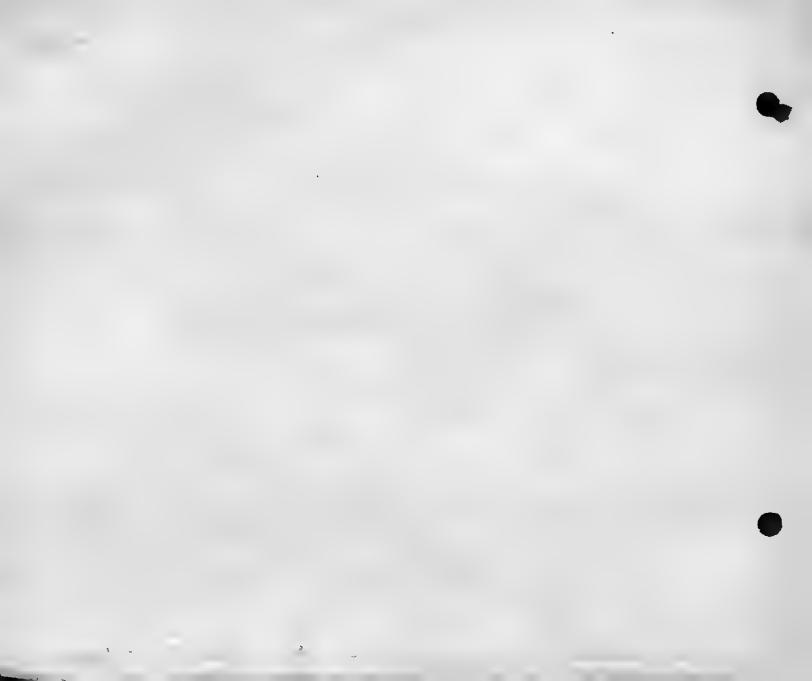
1Db. KIND OF BUSINESS OR DIVIDENTITY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician 3 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. COUNTRY? Housewife Washington. D.C. U.S.A. <u>a</u> . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physrmit. Then physical physi Martha J. Pettit Edward Clementson ed by the attend transit permit. cremation, or r 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) ((If yes give war or dates of service) Mrs.Stanley R.Johnson above address been signed by the the burial-transit p or to burial, cremati INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause, per line for (a), (b), and (c). Daughter ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) gave rise to immediate DHE TO cause (a), stating the has be as th prior underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY certificate hand for use of the of th Rt Hydrothran PERFORMED? mit CAT riller YES T NO F CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this certifid be detached for State Dept. of F MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. TO FUNERAL DIRECTOR: Afti director, page 3 should b should be filed with the St 1966 21. I certify that (1) (this hospital) attended the deceased from 6 C and that death occurred at 1. 300, Mrom the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SIGNED 3 ATTENDING PHYS. MED STAFF 6 DIRECTOR PHYS. PHYSICIAN'S C 22c. 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria Glenwood Wash Cemetery REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. Kainier 1966 Maryland VR A15 (4) uneral 20M 1/65



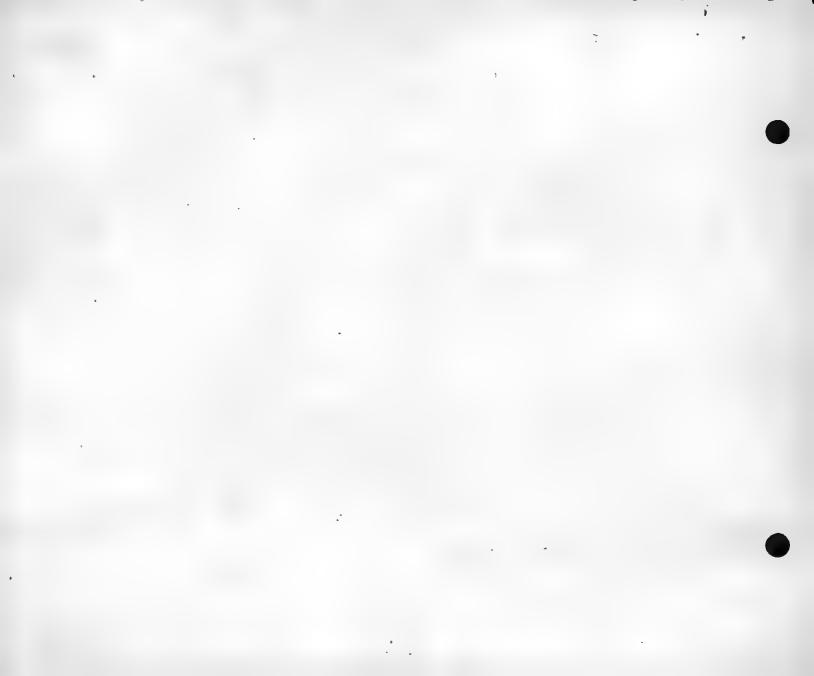
	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
	C7397 CERTIFICATE OF DEATH	07391
1	PLACE OF DEATH a. GOUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: R b. COUNTY MARYLAND	esidence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	rings actification and activity	YES NO
3	NAME OF DECEASED (Type or print) C. Middle Last 4. DATE Month OF DEATH OF DEAT	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER Months) WIDOWED 7. WIDOWED 7. WARRIED NEVER MARRIED 7. MARRIED NOT MONTHS WITH MONTHS WITH MARRIED 7. MARRIED	1 YEAR FUNDER 24 HRS. Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. C. C. INDUSTRY	ITIZEN OF WHAT
1		1.
100	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 9 (et, no, or unknown) (If yes give war or dates of service)	45-28 ay
H	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ELAN HOULD
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corebro vascular Accident	ONSET AND DEATH
ı	IMMEDIATE CAUSE (a) COPE DE CONTROL PROCEDENT	
	Conditions, if any, which \ (b) He was tree Cook	
	gave rise to immediate cause (a), stating the DUE TO	
_	underlying cause last. (c) alteriosele vois	
100 E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
FIC	Uremeg	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18. (IF EITHER, NOTIFY MEDICAL EXAMINER)	J
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work	unty) (State)
	21. I certify that (i) (this hospital) attended the deceased from may 4, 1966, to may 5, 196	6, that (I) (we) last
	saw the deceased alive on 19 and that death occurred at M, from the causes and on the 222. SIGNATURE 22b. D.	he date stated above ATE SIGNED
	Eclin tensing M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	5-5-66
_	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS P. G. HOSpital, Chedera	Y, Md.
23	BURIAL CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town or con Removal (Specify) 5-9-1966 Daniel Film Woonstone Bulls Co.	unity) (State)
2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D SY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	Johns Dyers 8728 Fiberty & pare MAY 10 1966 John	les judge
		-



W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY MARYLAND c. LENGTH OF STAY IN 15 e. IS RESIDENCE ON A FARM 3. NAME OF Middle DECEASED (Type or print) 5. SEX AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS last birthday) Months WIDOWED IX DIVORCED [12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 18. CAUSE OF DEATH [Enter only INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e. Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS'S PERFORMED? NO 20e, ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part | or Part | or Part | or Part | OR CONTRIBUTING CAUSE OF DEATH (State) 20d, INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20g. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Not While Hour e.m. at work at work 1966, and that death occured a A.M. from the causes and on the date stated above. saw the deceased alive on-x. 220 SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. THYSICIAN'S NAME (Type) 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) [Stele] 25e. MCC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death deat PLACE OF DEATH e. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Marvland b. COUNTY Pr. Geo's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Foote filled is papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? bon pape within 7 7170- Fort Foote Road 7170 - Fort Foote Road YES NO T completely to executed within NAME OF DECEASED Middle DATE Month Last Langley Marv Ann May 6th 66 (Type or print) DEATH 19 5. SEX AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Oays | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH and cor 7. MARRIED NEVER MARRIED 9. Female White WICOWED OIVORGED [Aug. 31, 1875 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be during most of working life, even if retired) **COUNTRY?** Domestic Fort Totten, New York Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME attending primit. Then John Cavanaugh Mary Cassidy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Takoma Pk. Md. been signed by the attent the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) ((If yes give war or dates of service) Wm. F. Langley (Son) 1208-Mackson Ave 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 4201 ar Merio Selvione cardio vasculus DUE TO Cenditions, If any, which gave rise to immediate cause (a), stating the DUE TO as th underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES T NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Port 1 or Port 11 of Item 18.) tached 1 lept. of MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Hour a.m. While Not While After d be d at work at work retained DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at 11 PM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNEO director, page should be filed May 7th 1966 ATTENDING PHYS. MEO. OIRECTOR Page 4 may t M.O. FUNERAL 22d. AOORESS PHYSICIAN'S NAME (Type) Etienne Sollosi Parkway Drive . Forest Heights, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) May 9-1966 Fort Lincoln Cemetery Blodensburg, Maryland REGISTRARY 256. REGISTRARY SIGNATURE ADORESS 25a. REC'O BY REGISTRAR 24. FUNERAL DIRECTOR VR AIS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prince George's a Nary Land Prince George's hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ hours Ξ. Cheverly District Heights day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS bon papers within 72 h e. IS RESIDENCE ON A FARM? 7804 Alpine Street NO. Prince George's General Hospital YES completely ve carbon p executed within 3. NAME OF DATE Month Day Year DECEASED event. (Type or print) DEATH John Robert Larkin May 1966 5. SEX DATE OF BIRTH AGE (in years) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. 8. 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours | Min. and o any DIVORCED Male White attending physician a ermit. Then please re on, or removal, and in .= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 8 most of warking life, even if retired) COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address this certificate has been signed by the atten-letached for use as the burial-transit permit. Dept. of Health prior to burial, cremation, or i (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the Nospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES [NO 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While o FUNERAL DIRECTOR: After director, page 3 should be calculd be filed with the State λq at work at work ■ retained ATTENDI May 5 1966 to May 9 . 1966_, that (* (we) last 21. I certify that (IX(this hospital) attended the deceased from_ FUNERAL DIRECTOR: May, 9 19 66, and that death occurred at 2:30M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS M.D. Page 4 may PHYSICIAN'S 22d. **ADDRESS** NAME (Type) (State) BURIAL BREMATION. 23c. NAME OF CEMETERY, OR CREMATORY 23d. county) REMOVAL (Specify) 9 VR A15 (4) 15M 4-64



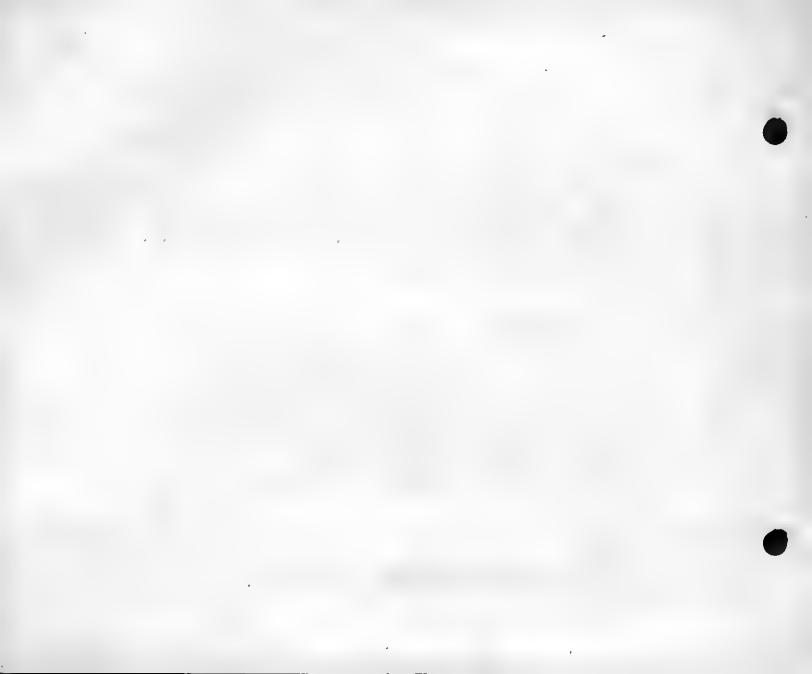
1(8.5)	1		Division of STATIS	TICAL RES	MARYLANE EARCH AND R	STATE D ECORDS, 3	EPARTMENT OF 101 W. PRESTON S	F HEALTH STREET, BA	LTIMORE. MARY	LAND 21201	
FOR STATE		07407		CERTIFICATE OF DEATH				07395			
HEALTH DEPT.	1	PLACE OF DEATH				H + PV// + h / P	2 USUAL RESIDEN D. STATE South	ICE (Where de	ceosed lived, if institu	ution: Residence b	efore odm ssion)
2, and 3 ta PM3 Page partment of after death.	-	Prince George's MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give neares) town) C LENGTH OF STAY N 1b						na parate limits, write R	URAL and g ve ne	(nwo! Izara	
- N Q Q	H	Cheverly 9 Hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)					Mullins d street address				e IS RESIDENCE ON A FARM?
ages 1, h farm tate Der		Prince George General Hospital				293 East Wine Street				YES NO	
after death If of 8 Give Pages 1, and form the State De within 72 hayrs	3	NAME OF First Middle DECEASED (Type or pnnt) Ben Lawn					vrence	4 DAT OF DEA			Doy Year 12 19 66
s after 18 Gin Plang Tith t withi		SEX Male	6 COLOR OR RACE	7 MARRIE WIDOWE			8 DATE OF BIRTH		9 AGE (In years lost birthdoy) 58 9 yrs	IF UNDER 1 YE. Manths Do	AR IF UNDER 24 HRS
24 havrs after death in Item 18 Give Page r's Office Jong with fest land 24th the State ny event within 72 ha			(Give kind of work done life, even if retired)	10Ь	KIND OF BUSINESS INDUSTRY	OR	11 BIRTHPLACE (State or foreig		12 C TIZEI COUNT	N OF WHAT
orthin 24 encil in I iminer's (pages 1	13	FATHER'S NAME					14. MOTHER'S MAIDEN NAME				
executed within pending" in pending f Medical Examine is permit. File paga removal and in a	1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address as, no, or unknown) (If yes give wor or dates af service)									
icate should be ing the ward "po ded ta the Chief as a bunal-transi i, crematian, or r		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cerebrovascular hemorrhage OVER 9 hours Conditions, if any, which gave instead of immediate couse (o), storing the underlying couse (c) [b] DUE TO (c)									
his certif ate, writi e farwar be used ta buria		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									19 WAS AUTOPSY PERFORMED? YES NO X
AMINER: This is the certificate is 4 shauld be four files ge 3 should be agent, prior to	L CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) CAUSE OF DEATH.									
≪	MEDICAL	20c T.ME OF PAJURY Month, Day, Year Hour a m p m. 19 20d INJURY OCCURRED While Not While of work of work Not While of wo									
= e = E = E = E = E = E = E = E = E = E		21 certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural courses, Accident, Suicide; Hamicide, Undetermined manner									
o DEPUTY Net sheet and the funeral director is may be retained of FUNERAL DIRECTOR Health or its design		ACTUAL SIGNATURE	Moun	110	111		M.D ASSISTANT	MEDICAL EXAM EDICAL EXAMIN	AINER 🔲		22. DATE SIGNED
O DEPUTY necessary, the funeral 5 may be i 0 FUNERAL	22.	EXAMINER'S NAME (Type)	John Kehoe,		Riverda	lle, Mo	Address (Street, city, tov	vn, ar county)	own) Ir-	5-17-66
07 事事 20 事		REMOVAL (Spelify)	5-1	7-66	ANAY	omy Be	nedo Me	30	1 7	own) (Car	unty) (Stote)
VR A15ME	- 2	FUNERAL DIRECTO	Se man	W.C	D. Chaml	1 001	A CAT C SC 25 PV	AY BIRBU	518 1966 25b	COERCE	Juige
	-	JUJULI	UPIN								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE hours after Prince George's Marvland Prince George's MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly = 2 hr. 20 min Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Prince George's General Hospital 4004 Utah Avenue NO YES pou NAME OF Middle Last 4. DATE Month DECEASED Girl Baby Libcke (Type or print) DEATH Mav 1966 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED XXX 8. last birthday) | Months | Days Hours Min. Female White WIDOWED DIVORCED T May 9, 1966 20 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Prince George, Maryland none USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Henry Libcke Judith Ann Arnold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or re 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) no mother above 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c), 1-INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions. If any, which i gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES . NO [the hospital 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work at work 21. I certify that (K(this hospital) attended the deceased from. May 9 . 19 66 to May 9 ... 19 66 that #0 (we) last saw the deceased alive on May 19 66, and that death occurred at 7:30 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page STAFF PHYS. 5/10/66 FUNERAL PHYSICIAN'S 22d. ADDRESS director, NAME (Type) Iradi Mahdavi. M.D. 6821 Riverdale Rd., Riverdale, Md. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) Cheverly Maryland Prince George's Gen. Cremation Hosp. ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Cheverly, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. countrince a. COUNTY a. STATE Maryland Prince Georges ve carbon papers. Pages I event, within 72 hours after Georges hours after MARYLAND City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville completely filled in Cheverly 12 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 4513 Powder Mill Rd. NO 2 executed within 3. NAME OF Middle Last DATE Month DECEASED DEATH (Type or print) Lieb 30 19 66 Mav John 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS NEVER MARRIED last birthday) Months | Days any 9 Aug. 1885 80 Male 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? certificate be INDUSTRY Stores-Mar II.S.A. Black Mills. N.J. Acme 13. FATHER'S NAME MOTHER'S MAIDEN NAME Sarah Heinze Julius Lieb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. or to burial, cremation, or death (Yes, no, or unknown) (If yes give war or dates of service) (above address Mrs.Lar aret Tieb CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 88 (c) CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use PERFORMED? NO TO YES 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm.) 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc. Hour a.m. Not White at work While at work be retained by TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that ((I))(this hospital) attended the deceased from 19 that (I) (we) last saw the deceased alive on. and that death occurred at ... Art. from the causes and on the date stated above. 22a. SIGNATORE 22b. DATE SIGNED ATTENDING 5/30/66 Page 4 may I DIRECTOR M.D. PHYS. PHYSICIANIS NAME (Type) 22rl. ADERES Bldg. Prof/ Centerway, Greenbelt, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY Colmar manor, ind. Ft. Lincoln Cem. Kaini d'25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Home Inc. 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07405 requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH b. COUNTY a. STATE **b** COUNTY b. CITY OR TOWN (If autside carparate imits. CLENGTH OF STAY IN 16 CITY OR TOWN (If guiside carporate limits, write RURAL and give negrest town) write RURAL and a ve nearest town! IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? YES ₩0 \ NAME OF Middle DATE Month First inst Doy Year campletely DECEASED OF DEATH 19 (Type or print) g IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS remove last birthday) Months Days Hours any WIDOWED DIVORCED and 12 CITIZEN OF WHAT too USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY COUNTRY? 1:5 Olynt R d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, grunknawn) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per time for (a), (b), and (c)). signed by the burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the has beem last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES [NO 'O FUNERAL DIRECTOR: After this certificate þ 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20d INJURY OCCURRED 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While at work at work 10 Min 419 21. I certify that (1) (this hospital) attended the deceased fram director, page 3 shauld should be filed with the and that death accurred at 4. SoloM, from causes and an the date stated above 19 saw-the deceased alive an 220 SIGNATURE 22b. GNE STAFF PHYS. DIRECTOR PHYS 22d. ADD&ESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) 230. BUR-AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d COCATION (City or Town) (County (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATUS 24. FUNERAL DIRECTOR **ADDRESS** 25g REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d b. COUNTY PRINCE GEORGE'S TAI WAN 24 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANDREW A IN FORCE BASE 80 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS USAF HOSPITAL ANDREWS YES NO within 3. NAME DF First Middle Last. DATE Month Day DECEASED JOHN D LU MAY 21 (Type or print) DEATH 19 66 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X last birthday) Months | Days MALE 31 OCTOBER 1952 WIDOWED [DIVORCED [12. CITIZEN OF WHAT COUNTRY?
TAIWAN nding physician ... Then please re removal, and in = 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even (f retired) INDUSTRY TALWAN certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LU. FU NING TSAL. SUE JANE Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 10 death (Yes, no, or unkown) (If yes give war or dates of service) MOTHER C/O 2340 MASSACHUSETTS AVE WASH DC cremation. 18. CAUSE DF DEATH [Enter only one cause_per line for (a), (b), and (c).] INTERVAL BETWEEN burial transit burial, cremat DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FALLURS IRATORY signed ETROPERITONEAL SARCOMA WITH METASTASES Conditions, if any, which gave rise to Immediate 200 DUE TO cause (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ND D 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fite Dept. of OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. After d Not While p.m. at work at work 196, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at \mathcal{L} M, from the causes and on the date stated above. saw the deceased alive pri 3 sho DATE SICNED 22a. SIGNATURE 22b. page ATTENDING M.D. DIRECTOR O FUNERAL PHYSICIAN'S 22d. ADDRESS 22c. director, p NAME (Type) COL USAF MC USAF HOSP ANDREWS. WASH DC 20331 (State) BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) RECISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. VR A15 (4) 20M 1/65

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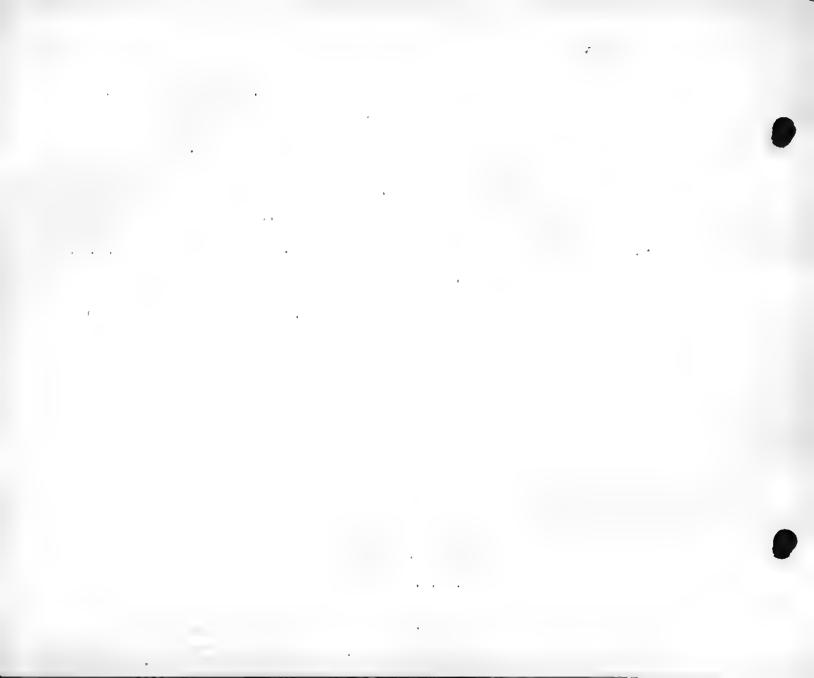
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH BO 24 hours after death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY a. STATE Maryland Prince George's Prince George's MARYLAND b. CITY DR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b by Page write RURAL and give nearest town) Cheverly 4 days Bladensburg bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Prince George's General Hospital 4301 57th Avenue ND X letely executed within pou 3. NAME OF Middle Last DATE 4. Month DECEASED DF (Type or print) Clarence Weslev Lusby DEATH May 19 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IFLINDER 1 YEAR) IF LINDER 24 HRS last birthday) Months | Days remi Male WIDOWED Sep DIVORCED 7/9/13 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR hysteten pleaser! 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY PBX Installer C&P Telephone Co. law requires that the death certificate 13. FATHER'S NAME Ten BIFRANK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? bers signed by the attent the burial-tensit permit, ir to burial, cremation, or r 15. SOCIAL SECURITY ND. 17. INFORMANT Address SAME (Yes, no, or unkown) (If yes give war or dates of service) 05 ATHERINE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENGING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ORENAK clays IMMEDIATE CAUSE (a) DUE TO CenebraL Conditions, If any, which chips (b) gave rise to immediate as the prior to DUE TD cause (a), stating the underlying cause last. CERTIFICATION PART II. DYHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate III WAS AUTDPSY for use Health PERFORMED? Embolus YES XX NO T 2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached f te Dept. of INCTOR: After this of a should be detach with the State Dept. MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m 21. I certify that (I) (this hospital) attended the deceased from DIMICTOR: and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. ATTENDING MED. STAFF M.D. PHYS. FILLIRAL PRYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) FUNERAL DIRECTOR VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 C7408 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. empletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) b. COUNTY o. COUNTY o. STATE Prince George's Maryland Pro Georges MARYFAND ent, within 72 hours after b City OR TOWN (If autside carparate imits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and give negrest town? East Riverdale Ma. East Riverdale, Md 3 mont 3 months d STREET ADDRESS B IS RESIDENCE ON A FARM? 5510 Madison 5510 Madison st YES NOX NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED Robert E Lyman May 19 66. (Type or print) DEATH S SEX 9. AGE (In years IF UNDER I YEAR TIF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED . NEVER MARRIED B. DATE OF BIRTH ost birthday) Months Days Hours Nov 28, 1909 DIVOR CED male white WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** buriol, cremotion, or removal, and North Carolina SA Mechanic Utility 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jillis Lyman Lucy Riley 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 241 10 3159 Lois P. Lavman East Riverdale, Md. IB. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriof-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (a). DUE TO stoting the underlying couse **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last. WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Not While of work ot work 21. I certify that (1) (this hospital) attended the deceased fram 3 3 1966, to 5 9 1966, that (1) (we) last 19 6, and that death accurred at 7.35 M, from causes and an the date stated above. saw the deceased alive-on 21. 22g. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. ADDRESS 22d 22c. PHYSICIAN'S NAME (Type) 813 R. Chieverke allove. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Groshen Cemetery North Belmont N. C. May 5, 1966 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sσ REC'D' BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Minne F. Gasch's Sons Hyattsville, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where decaosed lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Page 4 ofter death Prince George MARY, AND C CITY OR TOWN (If outs de corporate limits, write RURAL and give deorest town) Deportment b CITY OR TOWN (f outside corporate imits, c LENGTH OF STAY IN 16 ond P.M.3 write RURAL and give nearest tawn) Riverdale DOA Hvat.t.sville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Office alang with form 2801 Nicholson St. Item 18, Give Pages ote Leland Memorial Hospital YES NO IX 3 NAME OF Middle 4. DATE Month Doy Year DECEASED with the Roger (Type or print) Lyon DEATH 28 19 66 'NMI' S SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10 Feb., 1892 event and 100 JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? pages | in any Ξ Examiner s Supreme Court Maryland
14 MOTHER'S MAIDEN NAME Ret Guard U.S. A pencil E and Benjamin Thomas Lyon
WAS DECEASED EVER NUS ARMED FORCES? 16 Sarah Ching This certificate should be executed 16 SOCIAL SECURITY NO INFORMANT Address rd "pending" in Chief Medical E or remayal. (Yes, no, or unknown) (If yes give wor or dates of service) 578 10 9425 | Mary L. Lyon Same as #2 (wife) no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY ONSET AND DEATH Heart failure IMMEDIATE CAUSE (o) used as a burial-tra writing the ward DUE TO 1200 Conditions, if ony, which gove Arteriosclerotic heart disease 20 yrs rise to immediate couse (o). DUE TO stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO be YES prior ta 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18.) 3 shauld PRIMARY CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20c TIME OF INJRY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f (City or town) (County) (State) Hour o m factory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page of work at work 21 I certify that I took charge of the remains described above, held on Autopsy Inquiry | Inspection and in my opinion Natural causes Acciden the funeral director. deoth resulted from. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMENER TO DEPUTY 5-30-66 ъ DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Riverdale Health NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote) 0 But Man (Specify 5/31/66 Washington D. C. Mt. Olivet 24. FUNERAL DIRECTO VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY b. COUNTY PT George prince George Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) papers. Pag in 72 hours a write RURAL and give nearest town) Suitland Suitland 16 yrs .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADORESS 8. IS RESIDENCE ON A FARM? 24 4831 Huron Avenue 4831 Huron Avenue NO X YES executed within etely With the carbon 3. NAME OF Oay Middle Last Month DECEASED 19 66 Harry L Mackey 17th (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE OATE OF BIRTH 9. 7. MARRIEO NEVER MARRIEO birthday) Months Hours 5-2-1897 Male White WIDOWED DIVORCED [10a. IISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Gov't Retired Pa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph гетоуа Lulu Fitzpatrick Harry Macker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SDCIAL SECURITY NO. 17. INFORMANT Address igned by the attendrial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mrs Ruth C. Mackey Same as CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: by the hospital or attending physician, signed I IMMEDIATE CAUSE (a) DUE TO buri Cenditions, if any, which (b) been gave rise to immediate as the t **OUE TO** cause (a), stating the underlying cause last, (c) CERT, FICATION WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATWOUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. for use Health PERFORMEO? NO YES [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) pept, of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this (MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While Stat p.m. at work OR ATTENDIN 3 should with the I certify that(I) (this hospital). attended the deceased from 19 بتر to. DIRECTOR: saw the deceased alive on M. from the causes and on the date stated above. cand that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page : ATTENOING PHYS. MEO. Page 4 may O FUNERAL I director, pag should be fill O HOSPITAL ADDRESS 22c. PHYSICIAN'S Md 08Donovan Stamp Road Temple NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, ORGANION, REMOVAL (Specify) 23b. OATE THEREOF Cedar Hill Suitland. Md -20-1966 Buria] **ADDRESS** 25a, REC'O BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 9 OF DEATH 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before dam ssion) PLACE OF DEATH Prince George's o COUNTY b COUNTY Pro George's o STATE Maryland MARYLAND b CITY OR TOWN (If outs de corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Riverdale Md. 6 days d. NAME OF HOSPITAL OR INSTITUTION (\(\)i not in hospitol, give street oddress) completely filled in d. STREET ADDRESS e IS RESIDENCE ON A FARM? 4800 Longfellow st. 4800 Longfellow st YES NO T requires that the death certificate be executed within 3 NAME OF First Middle 4 DATE Last Manth DECEASED MacMichael Sr. May 12 1966 -(Type or print) Ralph E. DEALAI S SEX 6 COLOR OR RACE Te l B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF ITNDER 24 HRS 7. MARRIED NEVER MARRIED 77 ast birthdoy) Sept 2, 1889 male white WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT industry Art_& craft during most of working life, even if retired)
Salesman U SA? Chicago Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal A. B. MacMichael Mary Hass 15 WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes give wor or dates of service) 325 09 8097 17. INFORMANT Address Ruth E Mac Michael Riverdale, Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Dov. Yeor 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While of work ot work 21. I certify that (1) (this hospitol) ottended the deceased fram (1844, 79, 1966, to Way 12, 1966, that (1) (we) last saw the deceased alive on way 11, 1966, and that death occurred at 7/164 M, from causes and on the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUREMPYAL (Specify) May 14, 1966 Ft Lincoln Cemetery Colmar "anor. 2Sa REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07412 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission b. COUNTY Prince George a COUNTY 0 Prince George death MARYLAND partment b CITY OR TOWN (11 outside carparate limits. CLENGTH OF STAY IN . b c CITY OR TOWN (flouts de carparate limits write RURA, and give nearest tawn) write RURA, and give nearest town)
Cheverly DOA Hyattsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours alang with form Prince George General Hospital 3450 Toledo Terrace Item 18. Give Poges YES 🗔 NO DO 24 hours ofter death. 3 NAME OF Middle .ast 4 DATE Month Dov DECEASED OF within (Type or print) James Joseph Madden 20 66 DEATH 5 SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARR ED NEVER MARRIED AGE (In years IF UNDER 1 YEAR JE LINDER 24 HRS last birthday) Months White WIDOWED DIVORCED 8 Jan., 1905 12. CITIZEN OF WHAT COUNTRY? 10a JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHP, ACE (State or fore an country) during most of warking life, even if retired)
Superintendent Gas Light Co. Pennsylvania Exominer pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME w thin Helen Brosnahan William Madden puo Φ IS WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown] [(If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address certificate shauld be executed ansit permit. e, writing the word "pending" is forwarded to the Chief Medical 212 18 3447 Melissa C. Madden Same as #2 (wife) no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion of coronary artery IMMEDIATE CAUSE (a) used os a buriol-trai burial, cremation, o writing the word DHE TO Conditions if any, which gave Arteriosclerotic heart disease Unknown rise to immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificate. Laenec's cirrhosis of liver YES w ogent, prior to NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port II of item 18.) should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) may be retained for yaur FUNERAL DIRECTOR: Poge Not While factory, street, affice bidg., etc.) 19 pleose execute at work at work 21 I certify that I took charge of the remains described above, held an Autapsy Inspection x, Inquiry 🔀 and in my opinion director. death resulted from Noturol eduses Homicide Undetermined manner Accident Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5-22-66 **EXAMINER'S** John Kehoe, M.D. 5 may O FUNE Health Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
Colmar Manor, 23a BURIAL, CREMATION DATE THEREOF Md. (County) Bull-1044 (Specify) /24/66 Ft. Lincoln 24 FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15ME (5) Melanles Francis Gasch's Sons Hyattsville, Md. 6M 1/66





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07414 **HEALTH DEP** 1 PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, it institution. Residence before odmission o. COUNTY Prince George's o. STATE Maryland 40 death. Baltimore MARYLAND delay b CITY OR TOWN (f outside corporate mits, c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) C LENGTH OF STAY N 16 2, c. PM3. and write RURAL and give nearest town) minutes Bowie Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Pennsylvania Railroad Tracks 221 N. Freemont Avenue in .tem 18 Give Pages YES NO 😿 along with 3 NAME OF Middle 4 DATE DECEASED Benjamin Willis (Type or pont) Manson DEATH S SEX 6. COLOR OR RACE 9 AGE (In years 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED With lost birthdoy) Months Dovs WIDOWED DIVORCED Male Negro 5 Feb. 1917 and 2 1 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT 10b K ND OF BUSINESS OR during most of working life, even if ret red) **NDUSTRY** COUNTRY? A. Virginia any 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME be executed within Unknown Unknown File puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or Jinknown) (If yes give wor or dates of service) 16 SOC A. SECURITY NO. 17 INFORMANT 4231 Norfolk Ave. Baltimore, Ma. ar removal. Pauline Sturdivant 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Avulsion of brain This certificate should writing the ward burial, crematian, DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO 0 stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO F p ease execute the certificate. agent, priar to 200 EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1, of item 18.) CAUSE OF DEATH Passenger in car struck by train 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fewn) (County) (State) foctory, street, off (# bldg, etc.) Not While may be retained for your FUNERAL DIRECTOR: Page 19 66 While of work 12:040mpm 5-15-of work Same as 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection C, Inquiry C, and in my op n on death resulted fram Natural causes Accident x Suicide . Hamicide . Undetermined monner CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DII Health ar its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Address (Street, city, town, or county) Kehoe M.D. Riverdale, Ma. 5-16-66 23c NAME OF CEMETERY OR CREMATORY BUR AL CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) Furial Baltimore, Mc. Baltimore, Mc. FUNERAL DIRECTOR 25o. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) wdloRockville, Mg. Milane 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



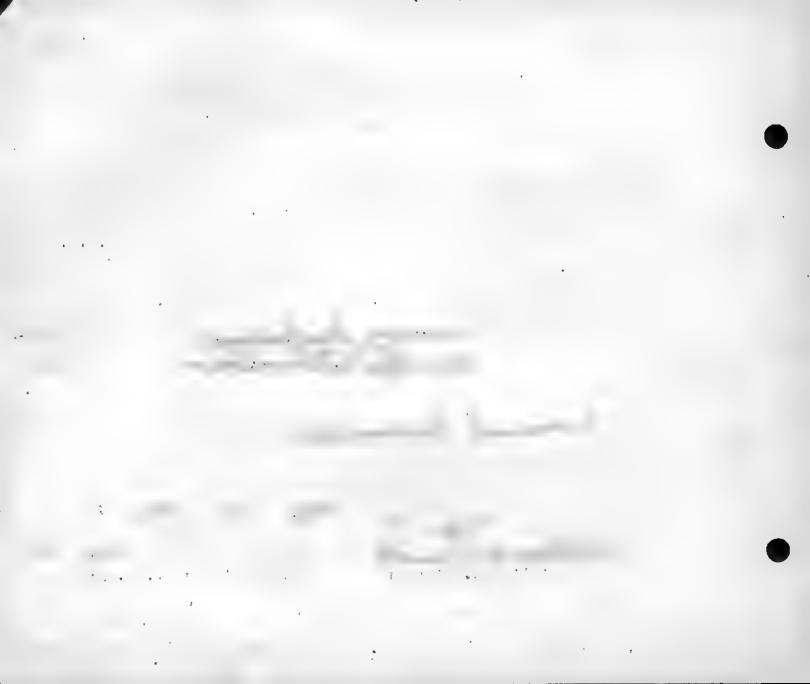
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o STATE Maryland o COUNTY Brince George's ofter deoth MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) Minutes Baltimore Bowie d NAME OF HOSP TAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS 8 S RESIDENCE ON A FARM? Office olong with form Pennsylvania Railroad Tracks 221 N. Freemont Avenue YES NO DE 24 hours ofter death. 3 NAME OF Middle First 4 DATE DECEASED OF DEATH Louise (Type or print) Marv Manson S SEX 9 AGE (In years last birthday) IF UNDER 1 YEAR 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED Negro Female 6 May 1917 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 B RTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
HOUSEWIFE COUNTRY? A. Maryland d "pending" in pencil in Chief Medicol Examiners pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Blanche Bishop Earl Brown, Sr. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 4237 Norfolk Ave. Baltimore, Mc. s a burot-numer record, a (Yes, na, ar unknown) (If yes give wor or dates of service) Pauline Sturoivant INTERVAL BETWEEN ONSET AND DEATH MINUTES 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Avulsion of brain writing the word This certificate should DUE TO Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO. 19 WAS AUTOPSY PERFORMED? NO X JIRECTOR: Page 3 should be designated agent, prior to 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part Lar Part Laf Item 18.) CAUSE OF DEATH Passenger in car struck by tarin 2De PLACE OF NJURY (Hame, form, (City or town) 2Dc. TIME OF INJURY Month, Doy, Year 20d TN. URY OCCURRED (Stote) While of work of work factory, street, affice bldg., etc.) 5 may be retained for your of FUNERAL DIRECTOR: Page Same as #1 21. I certify that I took charge of the remains_described above, held on Autopsy [], Inspection x.], Inquiry 😿 , ond in my opinion Notural/couses/ Accident & the funeral director death resulted from Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER | | ACTUAL 22. DATE SIGNED Heolth or its ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe, M.D. Riverdale. Md. Address (Street, city, town, or county) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Baltimore National Baltimore, Ma. 5/19/66 256 REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR VR A15MEYS Rockville, Mc. Milanley



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, finistitution Residence before admission) o. COUNTY o. STATE b. COUNTY PM3. Page of, hours after death. Prince George's Maryland MARYLAND Prince George's b (1TY OR TOWN (If outside corparate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Seat Pleasant Fairmont Heights d. NAME OF HOSPITAL OR .NSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? **Give Pages** 709 71st. Avenue 703 Addison Road YES NO K 3 NAME OF First 4 DATE Month within 72 DECEASED (Type or print) Otis DEATH Mars S SEX 6 COLOR OR RACE AGE (in years 7 MARRIED 8 DATE OF B RTH F UNDER 1 YEAR NEVER MARRIED lost birthday) Months hours WIDOWED D VORCED event Male Negro ond 100 JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY 24 poges i KAPERER 13 FATHER'S NAME be executed within <u>0</u> pub WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, at unknown) If It was give war or dates at service or removal, 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c).) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (6) Gun shot wound of chest certificate should writing the word burial, crematian, DUE TO Canditions, if any, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying cause used (PART I OTHER SIGNEF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO PC the certificate. ogent, prior to 200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port it of item 18) CALSE OF DEATH Shot during altercation. 20c TIME OF INJURY Month, Doy, Year 20d MLLRY OCCURRED 20e PLACE OF NJURY (Home form. (City or fown) (County) (Stote) foctory, street, office bldg, etc.) moy be retained for your FUNERAL DIRECTOR: Page 19 66 1 ot work ot wark 709 71st. Avenue Seat, Pleasant, Maryland its designated 21. I certify that I took charge of the remains described apove, held an Autopsy Inspection x, Inquiry x and in my apinian death resulted from: Natural gauses Hamicide x Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Heolth ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe. M.D. Riverdale. Md. Address (Street, city, town, or county) 5-10-66 230 BURIAN CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF LOCATION (City or Town) (State) 0 VR ATSME (5)

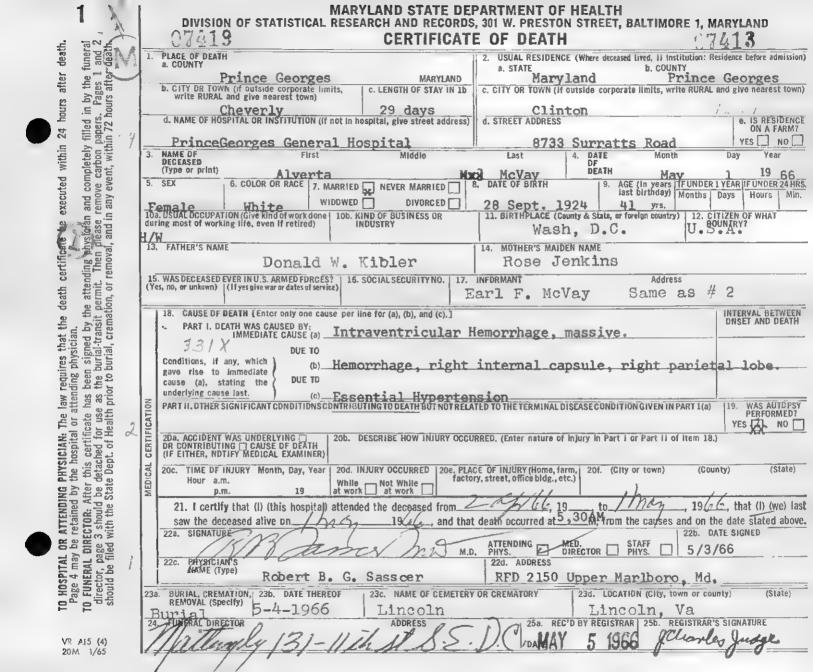


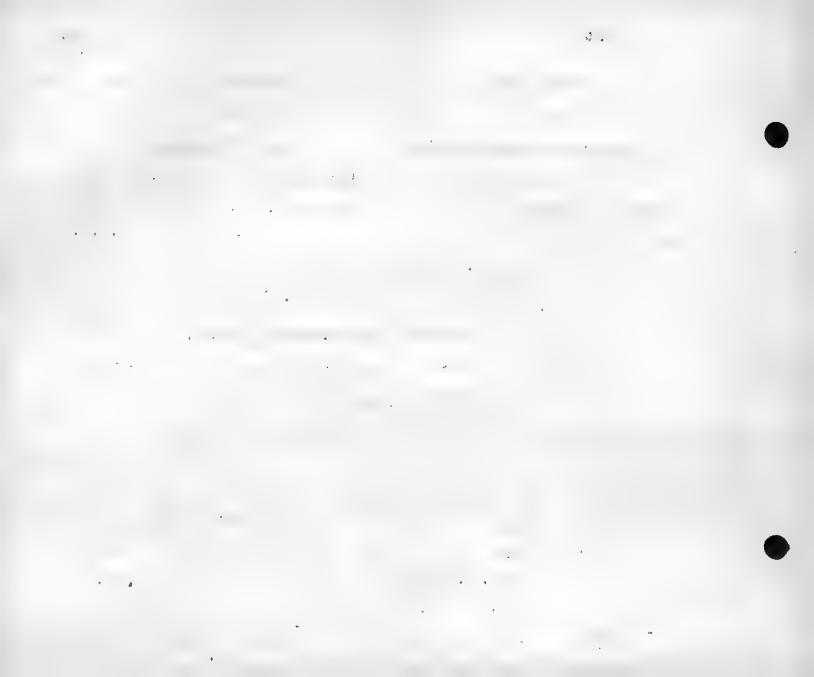
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, of institution; Residence before admission) a. COUNTY b. COUNTY a. STATE by the Pages 1 Prince George Marvland ince MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours Colmar Manor Vrs. Colmar Manor .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? Avenue 3401 43rd ND X Avenue YFS ! letely within NAME DE First Middle DATE Month Last 4. Year DECEASED DF event, Sal (Type or print) 8th Roxv 1966 Margaret McGill DEATH May 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX and cor DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. Months | Days Hours any Female White WIDOWED X DIVDRCED [2-31-1888 VIS. 10a. USUAL DCCUPATION (Give kind of workdone | 10b, KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? physica House wife U.S.A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova Robert Margaret Dean ed by the attenctransit mermit. 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 2480 Margaret McGill Same as has been signed by the as the burial-transit prior to burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The faw requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION certificate h thed for use of. of Health p PERFORMED? ND 🔽 20a. ACCIDENT WAS UNDERLYING DO DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) r this certif detached fo te Dept. of I 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) be de State factory, street, office bldg., etc. Hour a.m. After Not While þ ATTENDING at work 19 at work p,m. retained DIRECTOR: A age 3 should led with the S 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at SA 1966 saw the deceased alive on M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE 22b. page ATTENDING PHYS. DIRECTOR PHYS. Page 4 may FUNERAL PHYSICIAN'S 22d3 ADDRESS director, p Wimsatt ām NAME (Type) On 23b, DATE THEREDE BURIAL, GREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9 uitland REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. 2/ A15 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY completely filled in by the inve carbon papers. Pages 1 event, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give pearest c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b and completely filled in remove carbon papers. (Hollywood) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADORESS 0 ND executed within NAME DE Middle Last DATE Month DECEASED (Type or print) NMN. DEATH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months | Oays Hours | Min. 5. SEX 6. COLOR OR RACE OATE OF BIRTH 7. MARRIEO TO NEVER MARRIEO WIDDWE0 J DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) that the death certificate be during most of working life, even if retired) New York Steamfitter Governent removal.> 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending partners; Then the cremation, or remotive. Mary Reetz James McNeice 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unkown) ((ffyes give war or dates of service)
Yes 17. INFORMANT Address 16. SDCIAL SECURITY NO. (wife) Ethel E. McNeice Same as #2 INTERVAL BETWEEN ONSET ANO GEATH n signed by the burial-transit p burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure **OUE TO** Nutritional fatty chirhosis Conditions, If any, which the burto but gave rise to immediate Acute cholecystitis with cholelithiasis **OUE TO** (a), stating the as the underlying cause last, (10 days post-operative status) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) 20a. ACCIOENT WAS UNCERLYING F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (State) (County) Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be do noted by the State Not While be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from _M, from the causes and on the date stated above. saw the deceased alive on 1966, and that death occurred at . . OATE SIGNED 22a. SIGNATURE 22b. director, page should be filed DIRECTOR M.D. Page 4 may PHYSICIAN'S NAME (Type) 22d. AOORESS Prof. Bldg, Greenbelt, Maryland Hans Wodak, M.D. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23c. NAME OF CEMETERY OR OPENINGOENCE 23d. LOCATION (City, town or county) (State) 23b. OATE THEREOF 5/5/66 Ft. Lincoln Crematory Colmar Manor. Md. ADORESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hyattsville, Md. Francis Gasch's Sons VR A15 (4) 15M 4-64







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death PLACE OF CEATH lea USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) COUNTY the 1 b. COUNTY after MARYLANO OYOR George_ OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours hours .≡ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address filled IS RESIDENCE No YES etely executed within 3. NAME OF OECEASED DATE Month Day 4. Year OF DEATH comple (Type or print) Ma 25 196 5. SEX 6. COLDR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months (Days | Hours | Min. remove 7. MARRIED X NEVER MARRIEO Months ! Cays in any and 10-8-1888 OIVDRCED auc WIDOWED [10a. USUAL DCCUPATION (Give kind of work done 10b. KING OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? ician ease death certificate be during most of working life, eyen if retired) and physic Construction Co. Alabama PATHER'S NAN MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. attendi 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? transit permit. 17. INFORMAN Address (Yes, no, or unkown) | (If yes give war or dates of service) 419 16 4252 no INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: the hospital or attending physician. DAYY IMMEDIATE CAUSE (a) 401 **OUE TO** Conditions, If any, which (b) rise to immediate DUE TD cause (a), stating has be as th prior t underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? for use Health this certificate 55 NO I YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 17 of Item 18.) ö detached WEDICAL 20c. TIME DF INJURY Month, Oav. Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. After While Not While ATTENDING retained by at work at work should ith the S 5.25 1966 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should iled with the and that death occurred at MASM, from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE OATE SIGNED may be director, page should be filed ATTENDING DIRECTOR M.O. PHYS. PHYS TO HOSPITAL FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Burial 5/28/66 Lincoln Colmar Manor,
REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR AOORESS Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20M

Name On Address of

	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH
U/V	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutor Residence before admission) a. COUNTY?
	Cruce Leage MARYLAND Will. B. COMIT JA- Leo.
	b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) c. C.TY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS , o. 15 RESIDENCE
	3256 Queenstaun RD. 3256 Precentaron DV. VES NO F
	NAME OF DECEASED A First Middle Last 4. DATE Month Day Year
_	(Type or print) VVILHELNIENA VIBIRINK DEATH 3-15-0619 5. SEX _ 6 COLOR OR RACE, 7 MADD EN _ NEVED MADD EN _ B. DATE OF BRITH 9. AGE (In years I IF UNDER 1 YEAR IF JNDER 24 HRS.
	FEW WIF WIDOWED D. VORCED D. D. DATE OF BRIM 9. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS. 4. AGE (In years IT UNDER TEAK IT JNDER 24 HIS.)
	100. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired)
	HOUSEWIFE HAME AMSTERDAM, HOLLAND U.S.
	14. MOTHER'S MAIDEN NAME
	IS. WAS DECEMBED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ge Deught -
	Yes, no, or unknown) (Ifyesgivewarordelesofservice) Pauline Meirint - 5: Ame As #2
	TB. CAUSE OF DEATH (Enter only one cause per I ne for (a) (b), and (c), PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
	IMMEDIATE CAUSE (a)
	Conditions, if any, which (b) CORONARY ARTERIOSCLEROSIS
	geve rise to immediate cause (e), stating the underlying DUE TO
1	COUSE ISST. (c) PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY
	ADENOCALCINOMA COLON YES NO
	200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part Lor Part II of Itam 18.) OR CONTR BUTING 1 CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER!
- 1	
	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.) o.m. 19
1	p.m. 19 of work of work 19 of wor
1	saw the deceased alive on
	228. SIGNATURE 225. DATE SIGNED
	22c. PHYSICIAN'S 12d. ADDRESS
	NAME (Type) K-C- KIRCHNER M. & 6480-N H. DUZ - / AKOMA PARA KILL
	38. BURIAL, CREMATION, 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
7	A SAGE AN ACCUPANT OF A SAGE AND
	Zee Funeral May 1966 June - 300 um & ADDRESE, work., O. MAY 1960 1966
-	ALL SINGLE AND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07422 CERTIFICATE OF DEATH The faw requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a. STATE COUNTY Prince Georges MARYLAND and completely filled in by the fremove carbon papers. Poges b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits write RURAL and give nearest town) Washington 1 menth Glenn Dale, Md. ove carbon papers. r event, within 72 hou d NAME OF HOSP TAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Glenn Dale Hospital, Glenn Dale, Md. 3153 15th Pl., S. E. NO X 3 NAME OF Middle 4 DATE Month Dov 12 DECEASED Junious Meyers 5 19 (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** east hirthday) Doys Hours Male Negro 7/4/1890 WIDOWED 🔂 DIVORCED the ottending physician and sit permit. Then please rega 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during mast af warking life, even if retired) INDUSTRY N. C. unknown - retired U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova unknown unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no grunknown) (If yes give war ar dates of service) 50 60 3466 D.C.General Hospital Record Room 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: Klebsiells INTERVAL BETWEEN signed by the burial-transit p S CAUSED BY:
IMMEDIATE CAUSE (0) Klebsiella pneumonia CHSEL AND DEATH Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR; After this certificate has been signed by **DUE TO** Canditions, if any, which gave rise to immediate couse (a), DUE TO for use os the b stating the underlying cause this certificate has been detached for use as the (a) Carcinoma of stemach with subtetal gastrectomy 2 yrs. PART IN OTHER S CHIFTCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINA. DISEASE (CANDITION GIVEN IN PART 1(a) arteriosclerosis with cerebral arteriosclerosis (parkinsonism); urinary tract infection. WAS AUTOPSY PERFORMED? YES -NO X 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur a m. Not While at work at wark , 1966 , that # (we) last , 19<u>66</u> , ta 5/12/ 21. I certify that \$\mathbb{H}\$ (this hospital) attended the deceased from. 4/13/ director, page 3 should should be filed with the 5/12/ 1966, and that death occurred at 05 AM, from causes and on the date stated above. saw the deceased alive on. 225. DATE SIGNED 22a. SIGNATURE **ATTENDING** 5/12/1966 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN S Glena Dale Hospital Moe Weiss, M. D. NAME (Type) Glenn Dale, Md. 236-NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a BUR AL, EREMATION; 23b. DATE THEREOI (County)-REMOVAL (Specify) 5-15-6 2 25m RECID BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after after PRINCE_GEORGES MARYLAND VIRGINIA b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours ALEXANDRIA ANDREWS AFB
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d, STREET ADORESS ON A FARM? NO Z 3300 HOLLY HILL ROAD HOSPITAL ANDREWS executed within Last OATE Month Year 3. NAME OF Middie DECEASED DEATH 19 66 MAY 26 (Type or print) MINOW EVELYN AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS physician and com in please remove o DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIEO last birthday) | Months | Days Hours APR WIDOWEO DIVORCEO [Q 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done | 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY USA ORANGE HOUSEWIFE

13. FATHER'S NAME N/A requires that the death certificate 14. MOTHER'S MAIDEN NAME remova signed by the attending burial-transit permit. The burial, cremation, or remo WILLIAM HOWEL LOUISE WHITE 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknwn) (If yes give war or dates of service) HUSBAND SAME AS 570-20-0932 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: HOURS IMMEDIATE CAUSE (a) SHOCK OUF TO (b) BLEEDING ESOPHAGEAL VARICES Cenditions, if any, which MONTHS has been se as the bu gave rise to Immediate **DUE TO** (a), stating the CIRRHO underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION for use Health PERFORMEO? FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for use nould be filed with the State Dept. of Health YES X NO [the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg.. etc.) Hour a.m. at work at work 21. I certify that OK (this hospital) attended the deceased from FEBRUARY, 19 65 to 26 MAY, 19 66 that (W) (we) last retained 19. 66, and that death occurred at 5: 4 M. from the causes and on the date stated above. saw the deceased alive on 26 MAY 22b. OATE SIGNED 22a. SIGNATURE Se a ATTENOING 26 MAY 1966 OIRECTOR PHYS. M.O. 4 may PHYSICIAN'S 22d. ADORESS HOSPITAL ANDREWS 22c. USAF director, p (State) LOCATION (City, or county) BURIAL CREMATION, OF CEMETERY OR CREMATORY 23b. DATE THEREOF REMOVAL (Specify) 1.25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADORESS VR A15 (4) 20M 1/65

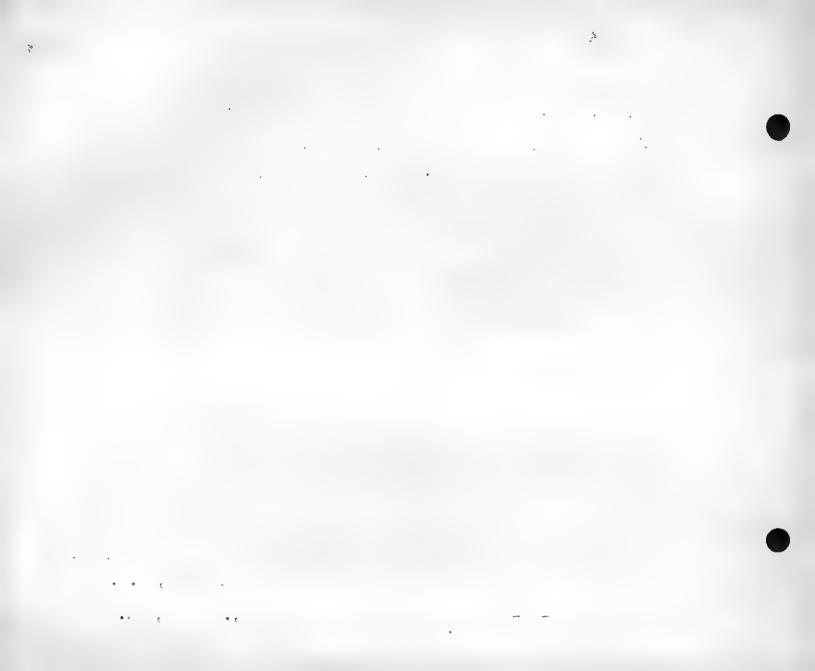


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH funeral and 2 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Prince George Prine Maryland MARYLAND George ve carbon papers. Pages event, within 72 hours at b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town days Lanham Hyattsville filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Magnolia Garden Nursing Home 913 - Ray Road NO EX YES completely executed within 3. NAME OF Middle DATE Month Year DECEASED OF Nannie (Type or print) Mae Moore DEATH 1966 Mav 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours any Female 88 WIDOWED T DIVORCED [YNS 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) COUNTRY? U.S.A. INDUSTRY Fredrick County. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Jolley Jennie Marpole 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or Mrs. Jean Graves (above address Νo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH Daughter PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO YES . 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) Hour a.m. Not While at work ___ at work 21. I certify that (I) (this hospital) attended the deceased from 196 6 saw the deceased alive on and that death occurred at .M. from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED 22a. ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS NAME (Type) Fage NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Jesley Chanel Unger Buria Church **REC'D BY REGISTRAR** 24. FUNERAL DIRECTOR Kainier 252. 25b. REGISTRAR'S SIGNATURE Nalley's Cemeter VR A15 (4) Funera] Maryland Home Inc. 15M 4-64



- 1 (NA)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
ei modei	074-25 CERTIFICATE OF DEATH	27.414
24 hours after death. filled in by the funeral napers. Pages 1 and 2 n 72 hours after death.	1. PLACE OF DEATH a. COUNTY A. COUNTY A. COUNTY A. STATE W. VA D. COUNTY D. COUNTY	nce before admission)
s afte by the Pages irs aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	
in by Page hours	CLINTON / GAYS KHUSOM	· · · · · · · · · · · · · · · · · · ·
rted within 24 h completely filled ve carbon papers event, within 72	Joulhyn Med Herapital Center 1615 Reyman St.	6. IS RESIDENCE ON A FARM? YES NO
within pletely arbon nt, wit	3. NAME OF First Middle Last 4. DATE Month D. (Type or print) Louis E DALIETH Morr'S DEATH 5- 29	Year 1966
executed and com emove company even	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days	AR IF UNDER 24 HRS
ie be executec sician and cor lease remove and the any eve		EN OF WHAT
icat phy n p	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ath cerlif attending rmit. The 1, or remo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, no unknown) (If yes give war or dates of service)	
deati e at permion,	MO HOSBAND KANSOM	WILL
s that the deal ysician. igned by the al ial-transit perr rial, cremation,		TERVAL BETWEEN NSET AND DEATH
ires tha physici signed burial-th	Conditions, if any, which by KIDNEY INSUFICIENSY	? weeks
aw requires ttending phy has been sig as the buri prior to buri	gave rise to immediate cause (a), stating the underlying cause last. Due to Diobetes	Oyean
Is The law all or atter ficate has for use as Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
E in the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CON	163 110 2
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	(State)
TENOIN tained OR: Af hould I		that (I) (we) last
O HOSPITAL OR ATTENDING Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	22a. SICHATURE Flury of Followers, M.D. ATTENDING MED. STAFF 22b. DAYES M.D. PHYS. DIRECTOR PHYS. 5/25	
O HOSPITAL Page 4 may O FUNERAL I director, pa	PHYSICIAN'S HENRY J PALACIOS 22d. ADDRESS 2544 Naylor Road, S.E.	
O HOSI Page 4 O FUNE directo	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	-
	Burlat 15-29-00 Fair View Memorial Cem. West, Va. Ch. 24. Funeral Director. // ADDRESS 1252, RECID BY RECISTRAR 256. RECISTRAR'S SIG	chatureTown
VR #15 (4)	11 blines 4339 funt If a ? DAMAY 26 1966 golianles	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George's

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince George's MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b mpletely filled in by t carbon papers. Page ent, within 72 hours a DOA Mt. Rainier Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? 3127 Queenschapel Road Prince George's General Hospital NO X YES executed within completely NAME OF 4. DATE Middle OECEASED OF DEATH (Type or print) AUGUSTA MORTENSEN HELEN 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF ONOFR 1 YEAR HF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I Oavs any Hours WIDOWED & DIVORCEO [7] Nov. 25, 1888 Female 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR during most of working life, even if retired) | INDUSTRY ICIAN 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be COUNTRY? 13. FATHER'S NAME None U.S. physi ple Evanston. Illinois 14. MOTHER'S MAIDEN NAME remova Augusta Spangberg Edward Springer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unkown) I (If yes give war or dates of service) 3127 Oseenschapel Rd Mrs. Vernal L. Eisler. cremation, None the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] nier. Maryland. INTERVAL BETWEEN MINSEL AND CEATH transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician. a been signed the burial-transor to burial, cra IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating the underlying cause last. as Pri (c) FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMEO? certificate YES NO Z 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTII DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) etached for Dept. of 1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work p.m. ъ 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 shoul led with th saw the deceased alive on and that death occurred at a M. from the eauses and on the date stated above. DATE SIGNED 22b Page 4 may be r page ATTENDING PHYS. STAFF PHYS. M.O. DIRECTOR FUNERAL irector, pa hould be fil 22d. AOORESS 066 director should I BURIAL, CREMATION, REMOVAL (Specify) 23a. 23b. **OATE THEREOF** NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 FUNERAL DIRECTOR VR ALS (4) W. W. CHAMBERS CO., INC. Riverdale, Maryland 20M 1/65

5 6 4 j. . . .

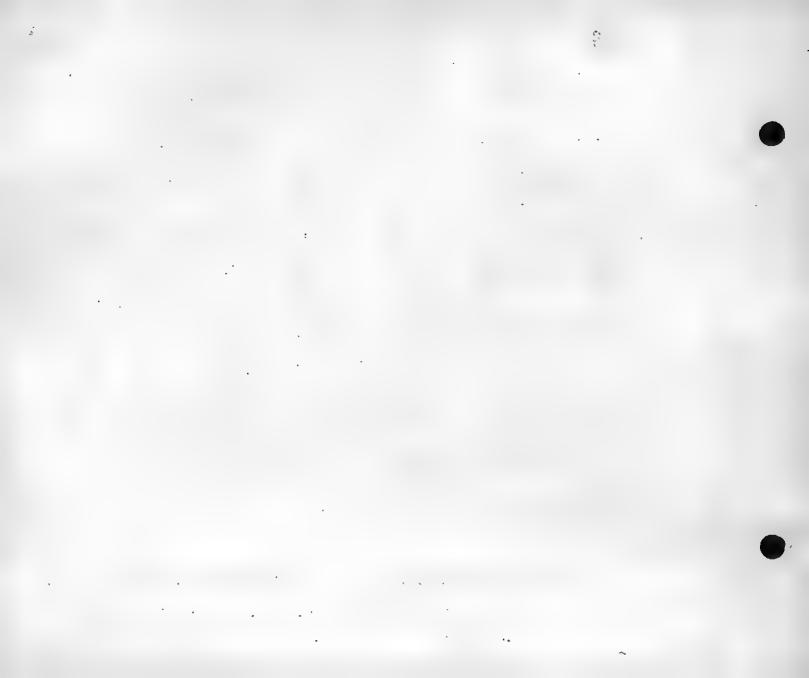
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) the n. b. COUNTY after after Prince Georges Maryland Prince Georges MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b within 72 hours 24 hours Cheverly Clinton filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 7719 Dangerfield Rd. YES ___ NO completely pou NAME DE DECEASED First Middle Last DATE Month Day Year DF DFATH event, (Type or print) Barnes Mullikin Compton 19 May 66 executed 6. COLOR OR RACE | 7. MANUACK NEVER MARRIED X DATE OF BIRTH FUNDER 24 HRS AGE (In years | IF UNDER 1 YEAR) last birthday) | Months and in any e Davs Hours White Male 75 19 Aug., 1890 1Da. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? attending physicial rmit. Then please Retired Farmer Maryland death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Martha B. Eullikin Beall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address transit permit. (Yes, no, or unkown) | (If Yes give war or dates of service) Linda L. Stone 7812-Dangerfield Dr Clinton Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH certificate has been signed by hed for use as the burial-transi t, of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate law redui DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTDPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use to Dept, of Health PERFORMED? YES ND [2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) I be detached State Dept. o O FUNERAL DIRECTOR: After this director, page 3 should be detact should be filed with the State Depi MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 2DB. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING at work at work p.m. 22 19 66, that (1) (we) last 5-13-6- 1966 to Man 21. I certify that 47 (this hospital) attended the deceased from_ 19 66 and that death occurred at 2.40A from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR . M.D. Раде 4 тау PHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23b. REMOVAL (Specify) 2 Buria. Ohrist Epis.Church PUNERAL DIRECTOR EC'D BY REGIS ADDRESS Simuons Bros. 1661-Good Hope Rd SE VR A15 (4) W sh DC 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, 11 institution; Residence before admission) b. COUNTY Pr. a. COUNTY Pages 1 after Georges Prince eorges MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b papers. rehours 26 Swittand Oron Hill .≡ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? Creek Road Swan lursuna. Hame. NO [] within etely completely NAME DE DATE Middle Last Month Year DECEASED negele 31 (Type or print) million DEATH Mau 19 66 6. COLOR OR RACE DATE OF BIRTH ACE (In years I IF UNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months i any Days Hours /2/1866 WIDOWED IT. DIVORCED [77] and in 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ease during most of working life, even if retired) INDUSTRY COUNTRY? Ohio anager Nent. Store li.S.G. 둳 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova the attending pl KNOWN UN KNOWKI leaele 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 801 Swaft Treek Rd. 17. INFORMANT 20 (Yes, no, or unkown) (If yes give war or dates of service) cremation. Oxon Hill. Maryland on signed by the burial-transit p burial, cremati 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DCC IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 13 S C 2520791 (b) been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY detached for use use PERFORMED? NO 1 YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) 0.0 OR CONTRIBUTING TO CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) After A Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (i) (this hospital) attended the deceased from $\Delta A > \omega$ 196 , that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 7.15 AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SICNED page M.D. PHYS. DIRECTOR PHYS. may TO HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS pe director, NAME (Type) "0 should 23a BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (Gity, town or county) REMOVAL (Specify) Erwiters REC'D BY RECISTRAR 1966 VR A15 (4)0 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY ges 1 Maryland Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Pag papers. Pag iin 72 hours write RURAL and give nearest town) Cheverly 5 days Landover .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7534 Hawthorne St. Prince George's General Hospital NO X YES death certificate be executed within completely carbon NAME OF Middle Month DATE **DECEASED** (Type or print) DEATH Baby Girl Newton May 19 66 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS. last birthday) Months I Days Hours and DIVORCED [Female May 1, 1966 VTS. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? apd Prince George's, Maryland USA none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova George Benjamin Newton Eleanor Marie Kirkpatrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) 1(If yes give war or dates of service) Mother no same as above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH al-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. signed t s been signe s the burial-lior to burial, DUE TO luens a Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has as prio PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES TEX NO [20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work 21. I certify that xixithis hospitall attended the deceased from May 1 19 66 to May 6 1966_, that the (we) last FUNERAL DIRECTOR: director, page 3 should the should be filed with the saw the deceased alive on May 6 19.66 and that death occurred at 6:00M, from the causes and on the date stated above. 22a. SIGNATURE Dm 22b. DATE SIGNED ATTENDING MED. 5/10/66 OIRECTOR TO HOSPITAL C Page 4 may b PHYS. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Iradi Mahdavi, M.D. 6821 Riverdale Rd., Riverdale, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) BURIAL, CREMATION, Cremation Prince Georges Gen. Hosp. Cheverly, Maryland 5/14/66 REC'D BY REGISTRAR : 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Administrator, Cheverly, Md. VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 430 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission a. COUNTY b. COUNTY Prince Georges
b. CITY OR TOWN (if outside corporate limits, Maryland Pr. Galls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours Parkland Forestville .≡ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 5515 Parkland Court-Apt ON A FARM? 24 Regent Nursing Home NO K carbon 3. NAME OF DATE Month Year Last Middle Day DECEASED OF DEATH May 6, 66 (Type or print) 19 executed SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED A геточе NEVER MARRIED birthday) 86 Months Days March 19.1880 Male WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) be⊪n signed by the attending physician the burial-transit permit. Then please ir to burial, cremation, or removal, and in during most of working life, even if retired) INDUSTRY Paint Store Business Own Business South Carolina U. S. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ira Luther Newton Susan Covington 17. INFORMANT 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no. or unkown) | (If yes give war or dates of service) No Gertrude F. Newton-Same as Item tem #2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a). attending physician. DUE TO Conditions. If any, which (b) rise to immediate DUE TO (a), stating underlying cause last, CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) al 19. for use Health I PERFORMED? TYES NO 🔽 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) detached f OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Not While ATTENDING p.m. ъ 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the 730M from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED SIGNATURE 27a. page ATTENDING PHYS. MED. DIRECTOR TO FUNERAL D director, pag should be file HOSPITAL ADDRESS PHYSICIAM'S Hghts. NAME (Type) Hghta Medical BURIAL, CREMATION, REMOVAL (Specify) BUPIAL DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. 23a. 23b. Washington Nat'l Cemetery 24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro. Md. VR A15 (4) 20 M

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. CET; . * . . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence defore admission) a. COUNTY a. STATE b. COUNTY sician, and the pletely filled in by the ferse remede carbon papers. Pages 1 and in any event, within 72 hours after Prince George's Maryland MARYLAND Charles b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN /If outside corporate limits, write RURAL and give nearest town) Cheverly 26 dats Waldorf d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO 🔯 Prince George's General Hospital Box 151 YES within NAME OF Middle Last DATE Year 4. Month Day DECEASED (Type or print) DEATH Marry Nimmerrichter 30 1966 May 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED XX NEVER MARRIED last birthday) | Months | Days Hours 8-15-35 Female White WIDOWED DIVORCED [30 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHE ACE (County & State, or relun country) physician Housewife Domestic Charles Maryland ILS. requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then гетома Herman F. Adams Sadie Buckler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 9 permit. (Yes, no, or unkown) (If yes give war or dates of service) cremation, 214-36-3707 Nimmerrichter the INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] signed by PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) urial-ti burial, DUE TO Conditions, If any, which (b) lleen : gave rise to immediate 를 라 라 **DUE TO** cause (a), stating the prior underlying cause last certificate has CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES XX NO T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Vor Part II of Item 18.) detached f te Dept. of I State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. fter While Not While à at work at work be retained director, page 3 mould should be filed with the May 4 19 66, to May 30, 19 66, that ((we) last 21. I certify that (IX (this hospital) attended the deceased from May 30 19 66 and that death occurred at 2:30M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE-DM 5/31/66 ATTENDING STAFF PHYS. M.D. PHYS. DIRECTOR Page 4 may PHYSICIAN'S d. ADDRESS 1835 Eye St. N.W. Wash. D.C. 22d. NAME (Type) John H. Bayl BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 6-3-66 Peters Cemetery Waldorf 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. VR A15 (4) The Huntt Funeral Home, Waldorf, Md. 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 07432 HEALTH DEPT. 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY Prince George's o STATE Page Prince George's ō death. MARYLAND Marvland delay b CITY OR TOWN (f outside carparate im ts write RURA, and give nearest tawn) r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate .mits, write RURA, and give nearest tawn) offer BOA Cheverly Oxon Hill d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS haurs 5309 Oakcrest Drive Apt. Prince George's Hospital Sive Pages 24 hayse after death 3 NAME OF First Middle 4 DATE . ast Manth Day Year DECEASED Mav Palmer with the Bertha 66 (Type or pont) DEATH 9 AGE (In years 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TO NEVER MARRIED last pathday) Days white Feb. 24, 1914 female WIDOWED DIVORCED event IDa USUAL OCCUPATION (Give kind of work done 1Db K ND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Waitress U.S.A Restaurant Pennsylvania.

14. MOTHER'S MAJOEN NAME 13. FATHER'S NAME This certificate should be executed within pug Raymond Kessler Louria IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (husband) ar remayal, (Yes, na, ar unknawn) (fyes a ve war ar dates of service) Same as #2 579_09_9559 Clarence H. Palmer S no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN **burial-transit** PART I DEATH WAS CAUSED BY: SWEINLE OF SH Laceration of brain IMMEDIATE CAUSE (a) e, writing the ward farworded to the Ch burral, crematian, DUE TO Canditions, if any, which gave Depressed skull fracture minutes rise to immediate cause (a). DUE TO stating the underlying cause D SD .9 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) please execute the cert ficate, NO PC designated agent, prior to pe 2Da EXTERNAL CAUSE WAS PR MARY □ ar CONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Driver of car which ran off road and overturned CAUSE OF DEATH 2Dc T ME OF INJURY Manth Day, Year 20e PLACE OF INJURY (Hame farm, (City or town) (Caunty) (State) factory, street, affice bldg, etc.]
7800 Block Rt. 12Noon - 5-13-66 Not While may be retained for your FUNERAL DIRECTOR: Page P.G. 201 Oxon Hill Md. the funeral director. Page 21. I certify that I taak charge of the remains asscribed above, held an Autopsy Inspection 3, Inquiry X and in my opinion death resulted fram: Natyral causes Acadentaco Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-14-66 O DEPUTY 5 may be ro FUNERAL Health or i DEPUTY MEDICAL EXAMINER T **EXAMINER'S** NAME (Type) APPEN Green and county) Kehoe. 23a BURIAL CREMATION 93b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) BEMOVAL (Specify) 5/17/66 Ft. Lincoln Colmar Manor. Md. 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE Victionles VR A15ME (S) 1966 Francis Gasch's Sons Hyattsville, Maryland



-c	1	MAKILAND SIATE DEPAKIMENT OF HEALTH
7	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	15	C7433 CERTIFICATE OF DEATH
rs after		1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidence bafora admission) a. COUNTY b. COUNTY b. COUNTY
hou	death.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
200	es 1 2	d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS j. IS RESIDENCE
	. Pag	CARROLL MANOR HYATTS WALE MD. 4707 CONNECTICUTAL TES - NO E
scuted	72 h	3. NAME OF first Middle Last 4. DATE Month Day Year DECEASED (Type or print) AGNES GERTRUDE PATTERS DEATH 5 90 1966
D P	within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ate b	/ent,	100. USUAL OCCUPATION (Give land of work 100. KIND OF BUSINESS OR INDUSTRY, II. BIRTHPLACE County & State, or under country) 12. CITIZEN OF WHAT COUNTRY?
certific		done during most of working life, even if retired) PER SONNELL TELEPHONE CO. PITTS BORGH PA. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
death	Pleas	WOLTER F. PATTERSON HELEN STANLEY SYEWARD
t the	Then oval,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Year, no. of grown) (Hyangive war or distance of service) 577-0/23912557EB-BRIDN MARIF if TOPA LASA LLE RD.
훈흡훈	損	18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).]
tuires Iysicia ed by	Dem S	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CETED TO I Throm DOS'S CETED WEEKS.
aw rek ing ph n sign	fransil	Conditions, if any, which (b) Cerebal arterioseleroses
The Latendary bee	burial, al, cre	(a), stating the underlying DUE TO Cause last.
AN:	s the buri	to the property of the propert
'SICI lospita ertific	use a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PREFORMED? YES NO OR CONTRIBUTING CAUSE OF BEATH OF CONTRI
PHY the this c	d for	
DING ned by After	etacher of Hea	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) Hour a.m. 19 The property of
EN STATE	Dept.	21. certify that (I) (this hospital) altended the deceased from July 190, to Many 20, 1966, that (I) (we) last
ė.	State	saw the deceased alive on May 9.19 (a.b., and that death occurred at 47 AM, from the causes and on the date stated above. 22a. SIGNATURY ATTENDING MED. STAFF 31GNED.
14.2 H	8 - E	M.D. PHYS DIRECTOR PHYS. May 20, 1966
Page NER	λ γ E	CHAME STOHN F. BRENNAN, JR. 1034 FURRY ST. N.E, WASH., D.C.
ogeth.	director file	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) BURIAL (Specify) 5/23/66 COCK (REEK CEMETERY WAS 11N GTON, D.C.
H H	r A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE 51 30DDRESS SE ON SIN AVE THAT THE STORY SIGNATURE
1	5M 7-62	LISSEPH VAULES SONS WASHINGTOILED BATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Pa 25 days Cheverly College Park .≡ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled within 72 Prince George's General Hospital 7603 Sweet Briar Street YES ND X and completely 1 executed within Month 3. NAME OF DATE First Middle DECEASED Marguerite (Type or print) W. Phelps DEATH 23 Mav 19 66 6. COLOR OR RACE | 7. MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS DATE OF BIRTH 9. NEVER MARRIED last birthday) | Months | Days Hours White DIVORCED Aug. 19, 1892 Female WIDOWED [" 73 lease reand in 10a. USUAL OCCUPATION (Give kind of work done 10b. K.ND DF BUSINESS OR during most of working life, even if retired) | INDUSTRY 12, CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? USA Ohio at home Cincinnati Housewife certificate removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Cole Jennie Hartzell George 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16, SDCIAL SECURITY NO. Address 3 Sweetbri transit permit. death (Yes, no, or unknown) (If yes give war or dates of service) 60 Nο None Unknown Charles G. Phelps INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] certificate has been signed by the hed for use as the burial-transit t. of Kealth prior to burlal, cremains of the sign of the DISET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FUNERAL DIRECTOR. After this certificate hirector, page 3 should be detached for use hould be filed with the State Dopt. of Health i YES V NO [the hospital 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While Page 4 may be retained by at work ___ at work ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at : 05 M. from the causes and on the date stated above. saw the deceased alive on Alam DATE SIGNED 22a. SIGNAJORE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) J. Sugar Dr. Samuel 4637 Eastern Ave., Washington, D.C. 23d. LOCATION (City, town or county) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) 23b. REMOVAL (Specify) 2 Congressional ADDRESS ery Washington D.C.
REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 26 uria 1966 Cemeterv FUNERAL DIRECTOR VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 17429 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed **b.** COUNTY MARYLAND Prince George Maryland Prince George b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hyattsville, Maryland Hvattsville d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1804 Crosby Road 1804 Crosby Road YES NO 🔀 NAME OF DECEASED First Middle Month Year OF DEATH RAYMOND ATTHEW (Type or print) 1966 6. COLOR OR RACE 7 MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [7] DIVORCED | June 28, 1914 Male White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY: I. R. S U.S. Government Auditor New Jersey IL.S13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Stephens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) Mrs. Mildred S. Phillips Same as #2 (wife) noIB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CareinemaTosis 4-5 months **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the under-Carrinoma lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour o. n. factory, street, office bldg., etc.) Not while ot work of work July , 1949, to MAY 17, 1966, that I last saw the deceased 21. I certify that I attended the deceased from...... , and that death occurred at 325 AM, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) J-REY OBERT 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER OF CREMATORY 22d. LOCATION (City, town, or county) (State) C FERMA FISH 5/19/66 Ft. Lincoln Colmar Manor. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 67436 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o STATE Prince George Page 5 Prince George after death. MARYLAND b CITY OR TOWN (If outside corporate limits, C. ENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town)
Cheverly DOA Seat Pleasant d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 RES DENCI farm ate Deg haurs (ON A FARM? Prince George General Hospital 69th Pl. 507 Give Pages YES NO SE after death. alang with NAME OF First Lost 4 DATE Doy Year DECEASED Willie Phillips THE STATE OF THE S (Type or print) DEATH 30 19 66 SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 7 MARRIED NEVER MARRIED 38 yrs. Manths Item 18 Newro DIVORCED 28 Aprik. 1928 WIDOWED event 10o USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired)
Retired INDUSTRY COUNTRY? dny Unknown Government USA pages in any 13. FATHER S NAME pencil 14 MOTHER'S MAIDEN NAME certificate shauld be executed within Unknown Flennie gud IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT s, writing the word pending in farwarded to the Chief Medical permit. (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes Korean ar remayal. Barbara A. Phillips -Same as decedent INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Minutes Acute pulmonary edema IMMEDIATE CAUSE (o) cremafian, DUE TO Conditions, if ony, which gove Rheumatic valvular heart disease (Aortic (b) rise to immediate cause (a) stenosis and regugitation). over 5 yrs. DUE TO stating the underlying couse . used as purial, c PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1401 WAS AUTOPSY PERFORMED? NO Sc execute the certificate 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notate of niury in Port I or Port II of Item 18.) prigr 3 should PRIMARY CONTRIBUTING CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (State) foctory, street, office bldg . etc.) may be retained for yaur FUNERAL DIRECTOR: Page ot work at work 21 | certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 3 ond in my opinion Natural causes x funeral director. death resulted fram: Accident Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 70 **EXAMINER'S** John Kehoe, M.D., 5 may 10 FUNE Health Address (Street, city, town, or county) NAME (Type) the 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City or Town) REMOVAL (Speq) Meyer, V REGISTRAR 3 1966 Wash, VR A15ME (5) Fraziers Funeral Home,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY by the fi Pages 1 irs after after Prince George Maryland MARYLAND P.G. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page hin 72 hours 24 hours Fairmont Hgts. 드 Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS B. IS RESIDENCE DN A FARM? within Prince Georges General Hospital 704 61st Ave. No OC completely poq 3. NAME OF First Middle Month Lest 4. DATE Year DECEASED Clarence event, Pollard Car (Type or print) Mav 19 66 DEATH 29 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Iast pirthday) | Months | Days | Hours | Min. 5. SEX 6. CDLDR DR RACE DATE OF BIRTH 7. MARRIED гетоуе NEVER MARRIED Male Negro physiciansand WIDOWED DIVDRCED 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY (BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT ease INDUSTRY (COUNTRY? death certificates FATHER'S NAME MOTHER'S MAIDEN NAME attending ph ermit. Then remova 15. WAS DECEASED EVENINU.S. ARMED FORCES?
(You no, or unknown) (Playes Dive war or dates of service) ed by the attend transit permit. cremation, or re 16. SDCIAL SECURITY ND. 17. INFORMAN Address 18. CAUSE OF DEATH (Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hours been signed the the purial-transtrant to burial, cra DUE TO Cenditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. (c) 2\$ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES ND F 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this cert detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After id be c at work at work 1966 to 5 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR age 3 sho led with t saw the deceased alive on 5 A. and that death occurred at. _M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page STAFF M.D. DIRECTOR PHYS. FUNERAL HOSPITAL PHYSICIAN'S ADDRESS should be NAME (Type) director, CLOCATION (Ofty, town BURIAL, CREMATION, 23b. DATE THEREDE 23d. REMDVAL (Specify) 2 FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 20M 1/65

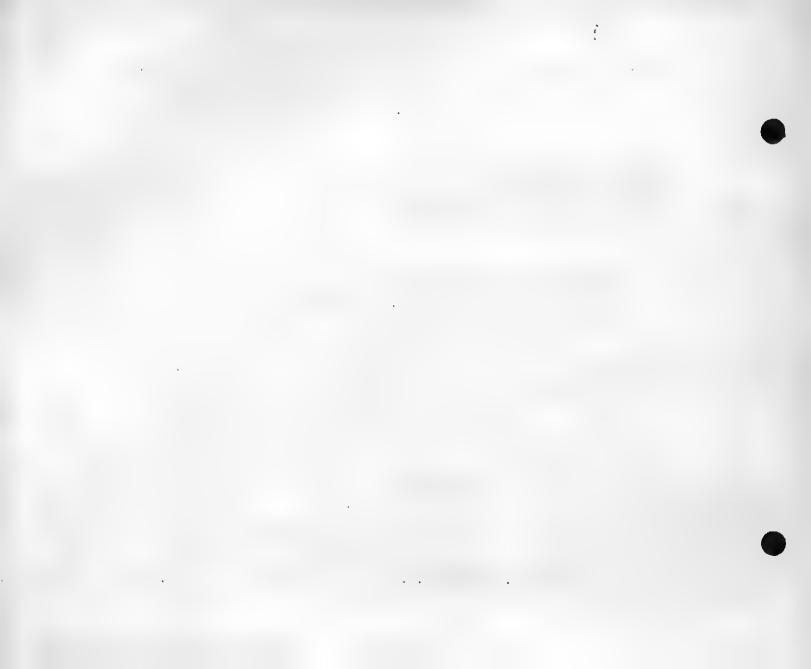


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence O COUNTY Prince George's b countrince George's · Warvland Page death. D MARYLAND partment b CITY DR TOWN (f outside corporate limits, c LENGTH OF STAY IN 16 c CITY DR TDWN (If autside corparate I mits, write RURAL and give nearest tawn) gup write RURAL and give nearest town) offer DOA Hvattsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d. STREET ADDRESS e IS RES DENCE haurs ON A FARM? 7003 Freeport Street Give Pages Prince George's General Hospital NO XX NAME OF Midde Last 4 DATE Month Dov Year DECEASED OF Quill John 24 within) Leonard Mav 19 66 Type or print) DEATH S SEX 6. COLOR OR RACE 7. MARRIED 50 B DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED lost_birthdoy) Months Dovs haurs WIDOWED DIVOR CED 1-16-16 white tem 100 SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 24 Truck Driver Washington D. C.
14. MOTHER'S MAIDEN NAME Safeway U.S.A dn3 e, writing the ward "pending" in pencil is forwarded to the Chief Medical Examiner poge in a 13. FATHER S NAME This certificate shauld be executed within and Henry Quill Nellie Brant WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY ND. 17 INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. 578 01 6190 ww Yes Mrs. Aileen M. Quill Same as #2 (wife 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY: Intracerebral hemorrhage ь IMMEDIATE CAUSE (o) cremation, Conditions, if any, which gove Acute pulmonary edema minutes rise to immediate couse (o), DHE TO stating the underlying couse Both from hypertensive cardio-vascular disease used as burial, 9 unknown PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS) PERFORMED? YES = ND þe 20g EXTERNA, CAUSE WAS 20b DESCRIBE HDW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.1 prior 3 should PRIMARY Or CONTRIBUTING 4 shauld CAL EXAMINER: CAUSE OF DEATH. 20d INJURY OCCURRED (City or town) 20c. TIME DF INJRY Month, Dov. Year 20e PLACE DF INJURY (Home, farm, (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page ot work designated 21 I certify that I taak charge of the remains described above, held an Autopsy (c), Inspection x Inquiry 5x ond in my opinion the tuneral directar. death resulted from: Natural couses of Ar Acadent Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5-25-66 **EXAMINER'S** John Kehoe, M.D. AdPeistered and own, Modunty) NAME (Type) 230 BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCAT ON (City or Town) (Stote) 0 BUMOVAL Epecify) 5/27/66 Arlington National Arlington Va. 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 REC'D BY REG STRAR VR A15ME (5) 1966 6M 1/66

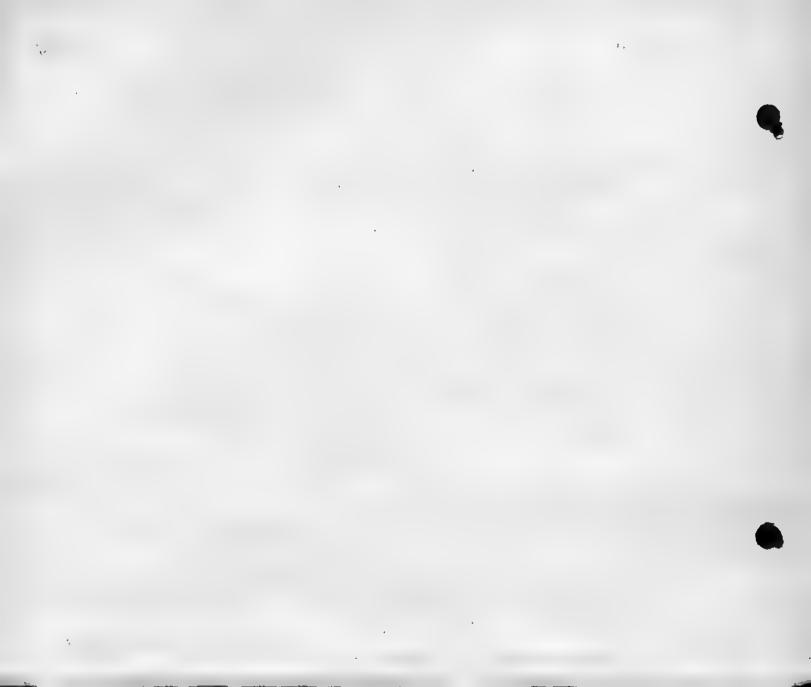
Francis Gasch's Sons Hyattsville, Md



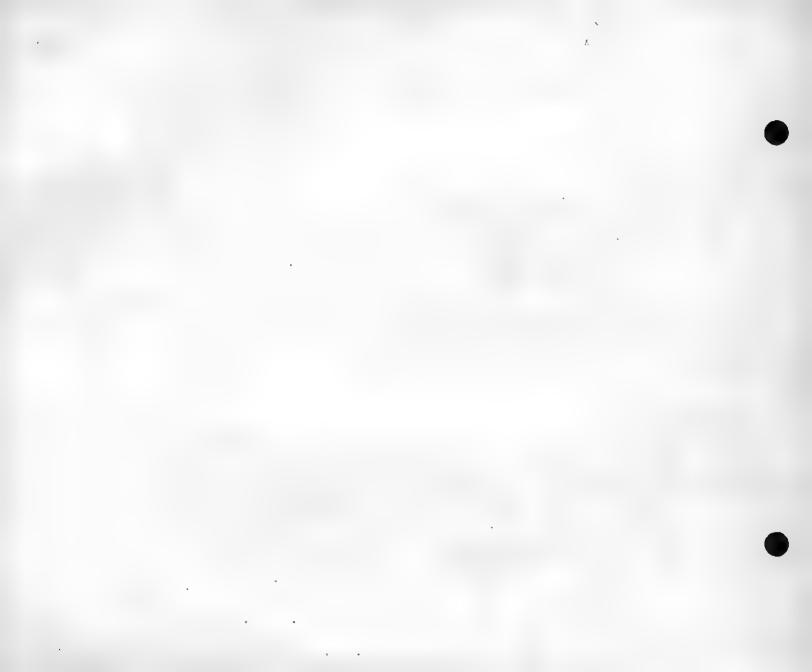
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH OF hours after death 1. PLACE OF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Prince a. STATE George's Prince Geoge's Maryland MARYLAND City OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b carbon papers. Pagent, within 72 hours .5 Beltsville 9 hrs Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11613 35th Place Prince George's General Hospital NO L YES letely 1 executed within 3. NAME OF First Middle 4. DATE Month Last Day Year 1966 DECEASED OF DEATH 17 Mav event, Ray Mabel (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIED attending physician and r. mit. Then please remed , or removal, and in any e last birthday) Months | Days White Hours 1 Mls. Female 2-19-87 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) INDUSTRY COUNTRY? Pa. U.S. Housewife FATHER'S NAME has been signed by the attending physi as the burial-transit permit. Then plea prior to burial, cremation, or removal, an law requires that the death certificate 14. MOTHER'S MAIDEN NAME Mary Clutter Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Edward E. Ray # R.T. Fd, ewster No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** (a), stating underlying cause last. this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? NO T YES PHYSICIAN: 208, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of h (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After Id be d While Stat ATTENDING p.m. 19 at work at work OR ATTENDIN DIRECTOR: At age 3 should liled with the S to May 17 1966 that (# (we) last 21. I certify that (d) (this hospital) attended the deceased from May 17 1966 and that death occurred a 9:05 pm, from the causes and on the date stated above. 19 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed v ATTENDING STAFF 5/17/66 DIRECTOR X Page 4 may to FUNERAL D M.D. PHYS. PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) Prince George's Genl. Hosp. Cheverly, Md. Vensen, M.D. Edwin J. (State) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23b. REMOVAL (Specify) Buria Lincoln Prince Cemetery Georges REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS Washington, D.C. Lee Funeral VR A15 (4) Home 15M 4-64



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pluods 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed kyed, If Institution: Residence before edmission) COUNTY b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURA), and give neerest town! write RURAL and give nearest town) da NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM NO OF NAME OF Middle DECEASED (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months WIDOWED V DIFORCED 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) rach in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown), (Hyesgivewarordetesofservice) 1B. CAUSE OF DEATH Enter only one cause per line for (e) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, fleny, which 161 gave rise to immediate cause **DUE TO** (a), stelling the underlying eaute last 19. WAS AUTOPSY PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(4) PERFORMED? NO Z 2De. ACCIDENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Month, Day, Year 20d. INUIRY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (Gity or lown) (County) (State) 2De. TIME OF INJURY factory, streat, office bldg., etc.) While Not While el work at work 21. I certify that (I) (this hospital) attended the deceased from manufactured . . 19.66, and that death occured at Q.A.M., from the causes and on the date stated above. 22a SIGNATURE SIGNED **ATTENDING** PHYS. feath. Page FUNERAL rector, page 22d ADDRESS 22c. PHYSICIAN S 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 123c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) ರಿಕ್ಟರಕ್ಷಶ್ಥ 1 250. REC'D BY REGISTRAR 256 RESISTRATES SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY e. STATE b. COUNTY by the fi Pages 1 urs after Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside cornerete limits, write RURAL end give nearest town) 3 hr. 38 min. Rogers Heights .= Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i d. STREET ADDRESS papers e. IS RESIDENCE within 72 ON A FARM? Prince George's General Hospital NO 5306 Emerson Street YES etely executed within 3. NAME OF DECEASED carbon DATE Lest Baby Rhodes comple Boy DEATH 12 19 66 (Type or print) May 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. lest birthday) | Months | Days | Hours | Mig. NEVER MARRIED X Hours Male White May 12, 1966 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be **COUNTRY?** Prince George's, Maryland none USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетпоуа Corliss Jane McCarson Robert Wayne Rhodes 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, mo, or unknown) [(If yes give war or dates of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mother cremation. no as above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Š PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the tote the hospital or attending physician. IMMEDIATE CAUSE (a signed **DUE TO** Conditions, if any, which (b) been gave rise to immediate DUE TO cause (a), stating the underlying cause last. this certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES Z NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a, ACCIDENT WAS UNDERLYING to OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While at-work Not While After at work be retained . 1966 . that XXX (we) last May 12 1966 to May 12 21. I certify that *() Athly hospital) attended the deceased from. Page 4 may be retaine TO FUNERAL DIRECTOR: 19 66, and that death occurred a5:40 M, from the causes and on the date stated above. May 12 saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. XXX 512/66 director, page should be filed Alvarado, Bernardo M.D. PHYS PHYSICIAN'S 22d. ADDRESS NAME (Type) Riverdale Rd. riverdale, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREO (State) 23c. NAME OF CEMETERY OR CREMATORY 5/21/66 Prince George's Gen. Hosp. Cheverly Maryland Cremation REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR A15 (4) Addinistrator, Cheverly, Md. 15M 4-64



1 1 M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
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\$ 2 m	Housewife Own Home Maryland U.S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
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TOR Stair	saw the deceased alive on 514 1966, and that death occurred at M, from the causes and on the date stated abo	ve.							
Wi Wi	228. SIGNATURE								
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PITAL OR ATTENDING A may be retained by ERAL DIRECTOR TO, page 3 should be if filed with the State	220 PHYSICIAN'S NAME (Type): 2ED R'DA C. PALA D 22d. ADDRESS (PD)								
O HOSPITAL OR ATTENION Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
Parity Spirity	REMOVAL (Specify)								
	Burial 5/17/66 Prospect Hill Harrisburg Pa								
VR A15 (4)	Francis Gasch's Sons Hyattsville, Maryland DATE WAT 1 1000 frances Judge								
15M 4-64		_							



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07443 CERTIFICATE OF DEATH Reg. Dist. No. 07437 DEACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) -b-COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest-town d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES NO R NAME OF DECEASED Middle 4. DATE Year OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) FUNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED TEL DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY USA HOUSEWIFE 13. FATHER'S NAME WILLIAM LOUSISA TURNER 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Address 6220 FCOTE 16. SOCIAL SECURITY NO. 17. INFORMANT NoNĒ MRS. LESTER MESSADO SEAT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which ! gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🐷 200. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. n. foctory, street, office bldg., etc.) Not while at wark at work 1966 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2 P.M. fram the causes and an the date stated above DATE SIGNED PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. (Stote) REMOVAL (Specify) SEA7 ADDISON EASANT 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55



1		1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
1		-4.M		C7344 CERTIFICATE OF DEATH 97438	2
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	þe	cian ase ad ir		during most of working life, even if retired) INDUSTRY	
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	requires that the ding physician.	been signed by the attending physician and Lonpietely filled in by the 1 the burial-transit permit. Then please remore carbon papers. Pages 1 or to burial, cremation, or removal, and in any event, within 72 hours after		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DE ONSET AND DE	EATH
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	₩ 9	Wi wi		228. SIGNATURE () 1 () 1	
	الا	page file	П	ATTENDING MED. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S 122d ADDRESS	
	PIT.	Per l		NAME (Type) Frederick H. Wilhelm, M.D.	
	TO HOSPITAL O	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		23a BURIAL CREMATIONS 23b DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State	te)
	50	5 £ £		REMOVAL (Specify) 5/16/1966 Lincoln Memorial Cometery Suitland, Maryland	
		0		24. FUNERAL DIRECTOR (La Les E. Yourn ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
		A15 (4)		Tous Funeral None V 4/4 -15th St. S. E. OMAY 17 1966 Charles Judge	
	20 N	1/65	7		



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OR ATTENDING PHYSICIAN: 1 The retained by the haspital or SIRECTOR: After this certificate in 3 should be detached far used with the State Dept. af Health				MEDICAL EXAMINER)							(City or town)	(Caunty)		(State)
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OR AT			22a. SIGNATURE	Myl	We	is		M.I			STAFF PHYS.	22b. DATE SI 5/15/6		
may RAL D	1		22c. PHYSICIAN'S NAME (Type) Moe Wei	ss, M				22d. ADDRESS	Glenn D	ale Hos	pital		
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 27446 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07440 FOR STATE HEALTH DERT 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) PLACE OF DEATH o. COUNTY p. STATE b. COUNTY 2, and 3 to PM3. Page nent of death Prince George's MARYLAND Prince George's Marvland Deportment c City OR TOWN (if outside corparate i mits, write RURAL and give nearest town) b CITY OR TOWN (f outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. hours ofter DOA Clinton Oxon Hill d NAME OF HOSPITAL OR INSTITUTION (if not in hospitor, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form NO -Give Poges Southern Maryland Medical Center Payne Drive ofter death 3 NAME OF lost 4 DATE Year DECEASED Russell DEATH within (Type or print) James FUNDER 24 HRS K-TZ Z 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED la i birthdoy) Months Davs Hours WIDOWED DIVORCED hours 26 Sept. 1911 Male White event tern pug 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Thompson Dairy West, Virginia poges 1 pending" in pencil in of Medical Exeminer's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Russell . Sr Betsy Venters pup 16. SOCIAL SECURITY NO 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address be executed permit. (Yes, no, or unknown) (If yes give war or dates of service) or removal. 236-09-0717 Mrs. Donna A. Russell Wife Same as no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart failure IMMEDIATE CAUSE (a)_ s o burial-tra crematian, This certificate should e, writing the word forworded to the Ch DUE TO Conditions, if any, which gove Arteriosclerotic heart disease unknown rise to immediate cause (a), DUE TO stating the underlying cause buriol, a 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(a) CAT.ON PERFORMED? NO please execute the certificate, designated agent, prior to 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 2Dd. INIJRY OCCURRED 2De PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Nat While may be retained for your FUNERAL DIRECTOR: Poge of work 2) I certify that I taak charge of the remains described above, held an Autapsy Inspection 3 Inquiry 5c and in my apin an Hamicide the funeral director death resulted fram: Natural causes X Accident | Sukide . Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MED.CAL EXAMINER **SIGNATURE** O DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5 may 100 FUNER Health of Kehoe, M.D. Address (Street, city, town, or county) Riverdale, Md. 5-3-66 NAME (Type) John 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATIO 23b. DATE THEREOF (County) (Stote) Sunset Memorial Cemetery | 25g. RECD BY REGISTRAR Beckley . West Virginia BUYA (Specify) May 6th 1966 25b REGISTRAR'S SIGNATURE VR A15ME (5) Simions Bros. 1661- Gd. Hope Rd. SE. Wash., DC 6M 1766

MARYLAND STATE DEPARTMENT OF HEALTH

3	1		Division of STAT	ISTICAL RESE	ARCH AND RECORDS,			ARYLAND 21	201	
FOR STATE		0744	1	WED	DICAL EXAMINER'	S CERTIFICATE C	OF DEATH		074	41
HEALTH DEPT.	1.	PLACE OF DEATH				2 USUAL RESIDENCE	Where deceased lived, film		nce before o	dmiss an)
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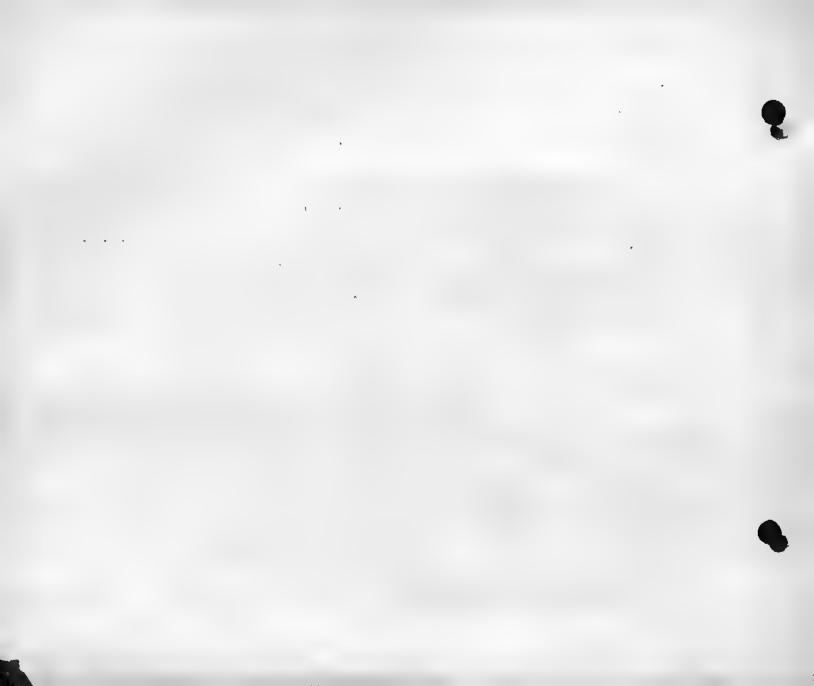


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY by the fi Pages 1 urs, after Prince George's Maryland Prince George MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours, Cheverly = 2 davs Lanham d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 24 Prince George's General Hospital 3215 Johnson Court ND completely 1 law requires that the death certificate be executed within NAME DE Middle Last 4. DATE Month Year DECEASED DF (Type or print) Bahy Girl DEATH Sellers 1966 May 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6Ve in any last birthday) Months Days Hours Female Negro WIDOWED [4/30/66 DIVORCED [10a. USUAL DCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ermit. Then please on, or removal, and In INDUSTRY COUNTRY? none __ Prince George's, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Carolyn Rudine Sellers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address has been signed by the attent as the burial-transit permit, prior to burial, cremation, or a (Yes, no, or unkown) (If yes give war or dates of service) Mother above 18. CAUSE OF DEATH [Enter only one cause, per line for (8), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION certificate has the state of th PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES P ND 2Da. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) this certified detached for Dept. of I MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, I 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work TO FUNERAL DIRECTOR: Afti director, page 3 should b should be filed with the St 21. I certify that (I) (this hospital) attended the deceased from That (I) (we) last and that death occurred at 12:39, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 5/2/66 M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) Henry A. Wise, Jr. 9th St., Bowie, Md. 149 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. 23d. LDCATION (City, town or county) (State) REMDYAL (Specify) 10 Prince George's Gen. Hospital Marvland remarkion Cheverly 6 ADDRESS REC'D BY RECISTRAR | 25b. AL DIRECTOR RECISTRAR'S SIGNATURE VR A15 (4) Administrator, Cheverly, Md. 20M 1/65



CERTIFICATE OF DEATH 07849 Reg. Dist. No. 17443 filed with directar, 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] a. COUNTY b. COUNTY MARYLAND Prince George Maryland Prince George S C b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) College Park, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4508 Albion Road YES NO D 4508 Albion Road 3. NAME OF First 4. DATE Middle Month Yeor DECEASED OF DEATH (Type or print) 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Doys Hours WIDOWED & DIVORCED T White Female Feb. 12. 1890 76 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home Marvland U.S.A carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bosson Emma Allendar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 28 5071 Betty Dixon Same as #2 no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 7 PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) Ma **DUE TO** Conditions, if any, which ? gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. n. While Not while at work at work p. m. 21. I certify that I attended the deceased from 6, that I last saw the deceased alive on and that death accurred at 2 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** O FUNERAL DIREL **ACTUAL** SIGNATURE shauld b Istrar pric PHYSICIAN'S NAME (Type) Peyton R. Evans Ir m 220. BURIAL, CREMATION, 22b. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge (Stote) REMERYAL (Specify) 5/21/66 Baltimore, Woodlawn Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons 4739 Balt. Ave. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07444 07450 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY Page. a STATE b. COUNTY Prince Gorge b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest lawn) after death. MARYLAND c CIY OR TOWN (If outside carparate limits, write RURAL and a ve nearest tawn) r LENGTH OF STAY IN 15 2, a. P.M.3. P. Cheverly DC
d NAME OF HOSP TAL OR INSTITUTION (if not in hosp to, give street oddress) DOA Mt. Rainier H STREET ADDRESS e IS RESIDENCE ON A FARM? haurs Item 18. Give Pages 1, Office along with farm 3313 Chillum Rd. State Prince George General Hospital YES NO THE This certificate shauld be executed within 24 hours after death 3 NAME OF 4. DATE with the Stowithin 72 | Earst Day DECEASED
(Type or part) OF DEATH Shea Frank Louis 9 AGE (n years 5 SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 🔂 last burthday) Months Days Hours DIVORCED 30 Mar., 1896 Office 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT U.S. A. derengial work as life, even fretired Maint. Man U.S. Government Mopencil in ward "pending" in pencil in the Chief Medical Examiner's 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. 8 Duvall St. a burial-transit permit. cremation, ar remaval, 578 20 0643 Raymond Huigh Yes Suitland, Md INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Heart failure inutes IMMEDIATE CAUSE (a) icate, writing the ward be farwarded ta the Ch 4201 DUE TO Conditions, if any, which gave Arterioscleratic heart disease **Hinlmown** rise to immediate couse (a). DUE TO stating the underlying cause burial, c last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T its designated agent, prior ta 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port L or Part L of Item 18) 3 should PRIMARY ar CONTRIBUTING 4 should CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City or fown) (County) (State) Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page please exerute 21. I certify that I taak charge of the remains described above, held an Autopsy (Inspection 🕞 Inquiry and in my opinion the funeral director. death resulted fram: Natura Causes [Suicide Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER 50 **EXAMINER'S** phn Keloe, M.D., Riverdale 5-31-66 Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION DATE THEREOF 500 REMOVAL (Specify) Arlington National /3/66 Arlington. Va. Burial 250 RECD BY REGISTRAR 256 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ocharles VR A15ME (5) 1966 Francis Gasch's Sons Hyattsville, Md. 6M-1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE OF BEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Prince reorges MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) re carbon papers. Pag event, within 72 hours Days Washington d. STREET ADDRESS .5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled ON A FARM? YES NO M nunsima Home. etely executed within completely ve carbon NAME OF DATE Month Middle Last DECEASED OF DEATH В. (Type or print) 19 /0/0 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Qays | Hours | Min. 7. MARRIED NEVER MARRIED WIDOWED IF OIVORCED [10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR (County & State, or foreign country) þe during most of working life, even if retired) INDUSTRY COUNTRY? Kerk Cout Haven requires that the death certificate Germont 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova Unknown Edward Pelkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT burial-transit permit. burial, cremation, or 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed by DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate YES [NO E 50 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) After this cold be detach 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work AL DIRECTOR: At page 3 should e filed with the S 21. I certify that (I) (this hospital) attended the deceased from 194/2 to 3 ~ that (I) (wellast 6009 and that death occurred at . 5 Off from the causes and on the date stated above. 6 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR TO FUNERAL I HOSPITAL PHYSICIAN'S 22d. ADDRESS should be anes Cawoodin NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Arlington National Cemetery , XXXXXX Arlington, Va. 20-1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS FWNERAL DIRECTOR** VR A15 (4) 1661- Gd. Hope Rd. SE. Wash. DG DATE M 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 24 hours after death. PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY etely filled in by the furbon papers. Pages 1 and within 72 hours after of a. STATE b. COUNTY Prince Prince Georges

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Georges MARYLAND Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Riverdale Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Hospital 3804 Powhatan YES NOTEN completely five carbon pevent, within executed within NAME DE OECEASED DATE Month Middle Last Year Sr (Type or print) William Sisson DEATH Raymond 1966 Mav 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH ACE (In years IF UNOER 1 YEAR IF UNOER 24 HRS. last birthday) Months i Days Hours | Min. attending physician and commit. Then pleases remove in, or removal, and in any ew 7. MARRIEDA NEVER MARRIED Months Days Hours Caucasian WIDOWEO Mala OIVORGEO [1-25-1903 63 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Cab driver Washington. - ret II.S.A death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James E. Sisson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Ellen Shoemaker Marv 17. INFORMANT 16. SOCIAL SECURITY NO. been signed by the attent the burial transit permit. In to burial, cremation, or in (Yes, no, or unknwn) | (If yes give war or dates of service) live M Sisson Wife no same 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: CONGESTIV MONTEX IMMEDIATE CAUSE (a) 4500 DUE TO GEN. ARTERIOSCLEROSIS VNKNOWN Conditions, If any, which gave rise to immediate **DUE TO** cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate hand for use a PERFORMEO? MELLITUS NO L 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) O FUNERAL DIRECTOR: After this certi: director, page 3 should be detached f should be filed with the State Dept. of I MEDICAL 20c. TIME OF INJURY Month, Oav. Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 1965 to 21. I certify that (I) (this hospital) attended the deceased from. that (I) (we) last and that death occurred at 4415AM, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE 22b., OATE SIGNED ATTENDING \square DIRECTOR Page 4 may PHYSICIAN'S 22d. AOORESS NAME (Type) RIVERDALE BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Colmar Manor. Ft Lincoln Cemetery May 9, 1966 ADDRESS FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Hvattsville. Md. Sons 1966 Gasch's VR A15 (4) 20M 1/65



1 (M)	Division of STATISTICAL RESEARCH AND RECORDS, 3	DEPARTMENT OF HEALTH 101 W. PRESTON STREET, BALTIMORE, MARYLAND 21	201
FOR STATE	07453 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	07447
MEALTH DEPT.	PLACE OF DEATH O COUNTY	USUAL RESIDENCE (Where deceosed lived, if institution. Resider O STATE D COUNTY	nce before odmission)
2, and 3 to PM3. Page PM3. Page after death	Prince George MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b	c CITY OR TOWN (if outside corporate times, write RORAL and give	re nearest town)
2, any de PM3 PM3 after	write RURAL and give necrest town) Cheverly d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	Upper Marlboro	1
# - E 0 5		Box 4253 St. Luke Church Rd.	ON A FARM? YES NO TO
Page Page with fo	Prince George General Hospital 3 NAME OF First Middle DECEASED	Lost 4 DATE Month	Doy Year
24 haurs after death. If any delay is in Item 18. Give Pages 1, 2, and 3 to respect to the State Department of the State Depar	(Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED X	Smith OF DEATH 9 AGE (In years IFUNDER	7
haurs a ttem 18. Office al	F Negro WIDOWED DIVORCED	3 16 1966 lost birthdoy) Months	Days Hours Min
4 hauri Office y even	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or foreign country) 12 CC	DUNTRY?
thin 24 minerial in 1 minerial in 1 pages in any	13. FATHER S NAME	14. MOTHER'S MAIDEN NAME	V.0.R.
d within in penal in penal in Examina.	Leroy Eastern 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	Joan Smith	
ecuter ing" edical ermit.	(Yes, no, or unknown) I(I) was give wor or dotes of service)	oan Smith Same as 2 d.	
certificate shauld be executed writing the ward "pending" is swarded to the Chief Medical used as a burial-trans t permitburial, cremation, ar remaval.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bilateral pneum	onitis	INTERVAL BETWEEN ONSET AND DEATH
uld b rard ' e Chi sil-trar an, a	4927 DUE TO	0112 02 0	
he w ta th ta th burr	Conditions, if any, which gave (b) (b) DUE TO		
ificate ting t rded as a al, cre	lost. (c)		
INER: This certificate shauld be executed within 24 haurs after death executed within 24 haurs after death extentificate, writing the ward "pending" in pencil in them 18. Give Page should be tarwarded to the Chief Medical Examinar's Office along with files. 3 should be used as a burial-trans? permit. File pages, and 2 with the Stat nt, priar to burial, cremation, ar removal, and in any event within 72 has	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES TO NO
ertifica ertifica s. s. priar t	PRIMARY Or CONTRIBUTING O	(Enter notice of injury in Port I or Port II of Item 18)	
		LACE OF INJURY (Home, form 20f (City or town) (Controlly, street, affice bldg., etc.)	ounty) (Stote)
NL EXAM xecute th Page 4 far your OR: Page	21. I certify that I taak charge of the remainsydescribed above, h		ond in my opinion
ase extar ined RECTOR		uicide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER	1
Y Mi y plec al dir reto NL DII	ACTUAL SIGNATURE	M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
o DEPUTY MEDICA necessary, please ex the funeral directar. 5 may be retained to 6 FUNERAL DIRECTO Health ar its design	EXAMINER'S John Kehoe, M.D., Riverda	(5,100.) (1,1)	5-7-66
TO D The S III	230. BURIAL, CREMATION / 23b. DATE THEREOF 23c NAME OF CEMETERY OF ST. Luke M	R CREMATORY 23d LOCATION (City or Town) Ieth. Church Meadows	(County) (State) Md.
VR A15ME (5)	24 HUNGRAI DIRECTION 4339 Hunt Pl., N.E. Wash.		
2			



A Property		1 (Ni	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	_	#W5-	C7454 CERTIFICATE OF DEATH 07448
•	death.	funeral and 2 death	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE COUNTY c. STATE c. COUNTY c. COUNT
	- d		a. STATE b. COUNTY. MARYLAND Maryland Prince George
	hours after	by the Pages J urs afte	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Sinc	in b	Cheverly PATTY ATT ATT Landover !
	24 h	filled papers in 72 f	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 7238 Landover Rd. 6. IS RESIDENCE ON A FARM?
		thin thin	Prince Georg Greneral PS/77/194/791/19 Apt. B YES NO
	within	sician and completely filled in by the sase remove carbon papers. Pages 1 and in any event, within 72 hours after	3. NAME OF DECEASED (Type or print) Mary Evelyn Smith Death 5 1966
	ped	compl ve car event,	(3) (1) (1) (1) (1) (1)
	(By	DE E	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR I
_	-	in se	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
	e pe		Registered nurse hospitals trederick, maryland united States
	ficat	phy oval,	13. FATHER'S NAME
	erti	de la	John B. White Smith Margaret A White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	death certificate	ne attending physician permit. Then please tion, or removal, and ir	(Yes, no, or unkown) (If yes give war or dates of service)
		he a per ition	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	requires that the	d by the attending phy transit permit. Then p cremation, or removal,	PART I. DEATH WAS CAUSED BY: A Cute Coronary Huramlosis + cargestive failure ONSET AND DEATH
	law requires that t	s pnysician. In signed by burial-transi burial, crem	4201 DUE TO
	ires	Sign Sign Participation of the Control of the Contr	Conditions, if any, which) on Arterio sclerotic Heart disease;
	redu.	been the burto burto bu	gave rise to immediate cause (a), stating the DUE TO
		has as as prio	underlying cause last. (c)
	The law	ospilal of attending certificate has been hed for use as the hed for use as the t. of Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	27 (3	持ずる	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	101	ched for the pt. of H	
	PHYSICIAN	De Eta His	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) 20g. (City or t
		Stat State	Hour a.m. While Not While at work at work at work
	ATTENDING refained by	3 4 —	21. I certify that (I) (this hospital) attended the deceased from 19 to 19, that (I) (we) last
	ATT	Street Street	saw the deceased alive on
	82		Zouhen Jhom M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	TAL	AL CAL	22c. PHYSICIAN'S 20UHEIR SHAMA M.D. 22d. ADDRESS Prince George's General Hospital
	A <		Cheverly, and
	E S	o FUN direct should	236. RIRIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, town or county) (State) Johns Hopkins School of Medicine, Dept. of Anatomy
		_	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
		R A15 (4)	DALLY O D GOLD O'Clionlas Judge
	15	iM 4-64	MAI CO ISON



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY Prince George o. COUNTY o STATE MARYLAND Prince George Department b CITY OR TOWN (If autside carparate I mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate in is, write RURA, and give nearest town) write RURAL and give nearest town) 62 days Riverdale 62 d
d. NAME OF HOSPITAL OR NSTITUT ON (If not in hospital, give street address) Camp Springs d STREET ADDRESS * IS RESIDENCE ON A FARM? olong with form within 72 hours NO B ote Leland Memorial Hospital Westchester Court 24 hours ofter deoth 3 NAME OF 4 DATE Doy DECEASED (Type or print) DEATH Gemma Soresi S SEX 9 AGE (In years last birthday) IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Months WIDOWED D VORCED 6 Jan., 1890 76 yrs CV any event 1Do _S_AL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 2 CT ZEN OF WHAT during most of working life even if retired) Dollastic COUNTRY Italy 14 MOTHER'S MA-DEN NAME 13. FATHER'S NAME pencil This certificate should be executed within = Unknown Unknown IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECTOR TY NO. 17 INFORMANT Address (Yes, no or unknown) (if yes give wor or dotes of service) or removal. Mr. Joseph F. Soresi Same as # 2. No 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN OWSET AND DEATH 2 Weeks PART I DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (o) ___ cremation, DHE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause PART I. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Post operative surgical repair of fracture of hip NO F 5 may be retoined for your files.

O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part T or Part II of Item 18.) PR MARY Or CONTRIBUTING IN Fell at home and suffered fracture of neck of left femur CAUSE OF DEATH 20c T ME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) While at work Of work factory, street, office bldg , etc.) 1966 Same as #2 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X and in my opinion Accident A the funeral director. death resulted from-Natural causes Homicide | Undetermined monner Suicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER -John Kenoe M.D., Riverdale 5-19-66 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 236. DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) BEMOYAL (Specify) Cedar Hill Cometery May 23-1966 Suitland, Maryland 256 REGISTRAR S SIGNATURE ADDRESS 2Sq REC'D BY REGISTRAR 24. FUNERA, DIRECTOR Simplens Bros. 1661- ud. nope Rd. SE. Wash.,DC Menley Judg VR A15ME (5) DATE MAY 23 6M 1/66



11-	, MARYLAND STATE DEPARTMENT OF HEALTH
#	Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 C7456 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07450
HEALTH DEPT	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finishiphon Residence before admission)
2, and 3 to PM3. Page portment of offer death	o. COUNTY Prince George MARYLAND Henna
delay ond 3 t A3. Pag tment c	b C TY DR TDWN (If autside corporate imits c LENGTH DF STAY IN 1b c CITY OR TDWN (If autside corporate limits, write RURAL and give negrest fawn)
on on on the one of th	write RURAL and give nearest town) Cheverly DOA Gibsonia 75-3
m PM3. Pa	d NAME OF HOSP TAL DR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS d STREET ADDRESS e IS RESIDENCE ON A FARM?
- v o o = · /	Prince George General Hospital 4007 Watters Lane VES NO S
24 hours after death. Item 18. Give Poges and a ground with for its 1 and 2 with the State my event within 72 hours	3 NAME OF First Middle 1gst 4 DATE Month Doy Year
after deat 3. Give Po. along with with the St within 72	DECEASED OF
after 8. Giv along with t	S SEX 6 COLDR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 19 AGE (In years 1 FUNDER 1 YEAR 1 WINDER 28 THS
75 af	F W DOWED DIVORCED 18 Feb., 1892 73 britiday) Months Days Haurs Min
hours ond 2	10g SUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN DE WHAT
4 E Z) - 2	dur ng mast af wark ng life even if retired) NDUSTRY Housewife Own Home Pennsylvania II S A
	Housewife Own Home Pennsylvania U.S.A. 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME
J within n pencil Exomine File page	Hawks Margaret Burley
d with m pe Exon File and	
xecuteo nd ng'' i Medical permit permit	IS WAS DECEASED EVER IN S ARMED FORCE S? (Yes, no or unknown) (f yes g ve wor or dates of serv ce) 16 SOCIAL SECURITY ND 17 INFORMANT 53Aqdigss Cheaspeake Rd. Edward C. Burke Sr. Hyattsville Md.
old be executed in its pending in its Chief Medical E-fronsit permit fin, ar removal, and its permit fin, and and its permit fin, and and its permit fin, and	I TO CAUNE OF PRAID INDIES OF VIDE OF COLSE DES UPE FOR (O) ID) and (C))
should be e ne ward "per o the Chief ! burial-tronsit matian, ar re	PART I DEATH WAS CAUSED BY Heart failure PART I MMEDIATE CAUSE (g) Heart failure
The Contraction of the Contracti	443 X DUE TO
war war the rrial-	Conditions, if only, which gove) (h) Hypertensive arteriosclerotic cardiovascullar disease
the to to but	ise to immediate cause (a), DUE TO
ng ng ded os c	lost. (c)
INER: This certificate should be executed within e certificate, writing the ward "pending" in pencil should be forwarded to the Chief Medical Examine files. 3 should be used as a burial-transit permit file page int, prior to burial, crematian, ar removal, and in a	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
te, v for for e us	PERFORMED? YES NO X 200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH. 201 CAUSE OF DEATH.
Thi icat be be d be	20a EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY OCCURRED (Enter nature of in ury in Port I or Port II of item 18)
ertif	PRIMARY II Or CONTRIBUTING II CAUSE OF DEATH.
MESKAL EXAMINER: This please execute the certificate, director Poge 4 should be for retained for your files. BIRECTOR: Poge 3 should be used exignoted ogent, prior to 1 is designoted ogent, prior to 1	20c T ME OF INJURY Manth, Day, Year 20d INSURY OCCURRED 20e PLACE DF INJURY (Hame, farm, Hour o.m. 10 While Not While factory, street, affice bldg., etc.) 20f (City or tawn) (County) (State)
AM a th b 4 a cour	Hour o.m. p.m. 19 While Not While at work at work
L EXA cecute Poge for you R. Pag ofed o	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry 🚾 , and in my apinion
exe or Pd fo	death resulted from. Note all causes 🔀, Acadent 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner
MECTO drestor etained f	CHIEF MEDICAL EXAMINER
Tet day	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
JITY Ty, Ty, Bbe or I	DEPUTY MEDICAL EXAMINER 5-25-66
TO DEPUTY MESACAL EXAMINER: This necessory, please execute the certificate, the funerol director Poge 4 should be for somy be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be a Health or its designoted agent, prior to	NAME (Type) // John Kehoe, M.D., Riverdale, Md Address (Street, city, fown, or county)
o D D THE CO D HE CO D HE CO D THE CO D	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY PURDISULTAINING JOHN (Stote)
F - 2	Burial 5/28/66 Greenwood Otto Townshin Pa
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS 250 RECU BY REG STRAR 250 REGISTRAR 5 SIGNATURE
6M 1/66	Francis Gasch's Sons Hyattsville, Md. DANAY 31 1966 Julyes



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after daath. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Prince George's Markland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) filled in by papers. Page in 72 hours a Cheverly Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 within NO S Prince George's General Hospital 4836 69th Place. YES completely i curtificate by executed within NAME OF First Last 4. DATE Middle Month Day **OECEASEO** event, (Type or print) DEATH Michael 1966 Spinoe M Mav Pemove Jany eve 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED DE NEVER MARRIED 9. last birthday) Months Days Hours and Nov. 25. White 1914 Male WIDOWED DIVORCED (51 attending physician a ermit. Then please, b on, or removal, and in and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sears Roebuck & Co TV Technician U.S Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Angelio Spinoe Marie Sapia 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address transit permit. deat (Yes, no, or unkown) ((If yes give war or dates of service) 233-07-4192 Wife Pearl Spinoe same as no 18. CAUSE OF OEATH [Enter only one cause per line for, (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I-trans PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed burial-t DUE TO Cenditions, If any, which been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health YES 🔯 NO [5 PHYSICAN: 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, farm. (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not White After at work at work DIRECTOR: Asses 3 should lied with the S 0 21. I certify that (I) (this hospital), attended the deceased from 19/2 19/2 G. that (I) (we) last and that death occurred at8: 10 M, from the causes and on the date stated above. saw the deceased-alive on DATE SIGNED 22a. SIGNATURE 22b. MEDam page ATTENDING PHYS. STAFF OIRECTOR PHYS. FUNERAL TO FUNERAL director, p should be f 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 3415 Hamilton St. Hvattsville, Md. McLaurin, M.D. Angus BURIAL, CREMATION, REMOVAL (Specify) OATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. 15/66 Lincoln Ft. Burial Colmar Manor 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AODRESS VR A15 (4) Francis Gasch's Sons Hvattsville, Md 20M 1/65



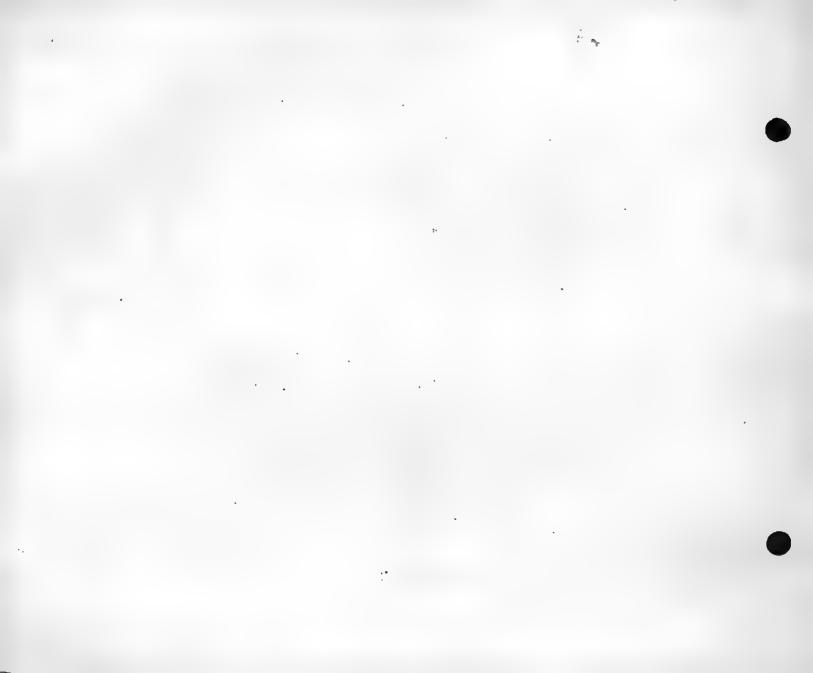
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death ad sat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE D.C. PRINCE GEORGE'S MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours WASHINGTON ANDREWS AIR FORCE BASE 26 MIN Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? US AIR FORCE HOSPITAL 166 MISS `.≡ AVE S.E. APT 4 YES NO X with completely 50 3. NAME OF First Month Day Year Middle Last 4. DATE DECEASED **STEARNS** event, PHILIP MAY 30 Car 66 (Type or print) DEATH 19 physiciany and com 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEO NEVER MARRIEO X last birthday) Months i Days Hours Min. 26 30 MAY 66 MALE CAU DIVORCEO [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done I 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY NONE PRINCE GEORGE'S. MD NONE U.S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоуа LEWIS PH11 IP STEARNS DEBRA RAY TROP attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes. no. or unknown) \(\langle\) [Fives give war or dates of service) NONE FATHER NO SAME AS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 2 PART I. DEATH WAS CAUSED BY: ANOXIA IMMEDIATE CAUSE (a). signed DUE TO AMNIONITIS. PREMATURITY Cenditions, If any, which gave rise to immediate 황유 DUE TO cause (a), stating the underlying cause last. PREMATURE RUPTURED MEMBRANE has (c) WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. PERFORMED? certificate NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) it. of OR CONTRIBUTING [] CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While After at work p.m. at work 0 30 MAY 1966 to 30 MAY . 19 66 . that (I) 000 last 21. I certify that (I) (t)(X)(X)(X)(X)X attended the deceased from_ DIRECTOR: 3ge 3 should lied with the saw the deceased alive on 30 MAY 19.66, and that death occurred at 020 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO ATTENDING STAFF PHYS. 30 MAY £966 DIRECTOR M.D. PHYS PHYSIOIAN'S 22d. ADDRESS TO FUNERAL 22c. director, p NAME (Type) MARLOW, CAPT, USAF, MC HOSPITAL, ANDREWS AFB. MD. USAF 23d. LOCATION (City, town or county) (State BURIAL, CREMATION, 23b. REMOVAL (Specify) Washington, D.C. AODRESS 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | FUNERAL DIRECTOR 1966 VR 415 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH C745S 24 haurs after death. burial-transit permit. Then please remove carbon papers. Pages 1 and burial, cremation, ar removal, and in any-event, within 72 haurs after deat 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND c CITY OR TOWN (If autside carporate limits, write RURA), and give nearest town) b CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 Glenn Dale (rural) 11 days Washington filled in I d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 1702 Gales St., N.E.Apt.#4 Glenn Dale Hospital YES NO X requires that the death certificate be executed within 3 NAME OF Middle East 4 DATE Month Day Year campletely DECEASED Addie В. 17, 1966 Stewart May DEATH (Type or print) S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** last puthday) Manths Hours July 27, 1885 Female Negro WIDOWED DIVORCED 12 CITIZEN OF WHAT Oa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY King George, Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys Sarah ?? Collin Clatterbuck 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, ng. or unknown) (If yes give war ar dates af service) signed by the attend burial-transit permit Sarah Budd same as patient None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN 2 Weeks PART I. DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (6) DUE TO 002 Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO Pulmonary tuberculosis l mo. stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, mage 3 should be detached far use as the shauld be filed with the State Dept. of Health priar tall PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Generalized arterioscierosis with arteriosclerotic heart disease; 19 WAS ALTOPSY PERFORMED? YES X chronic pyelonephritis NO 4 may be retained by the haspital ar 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg., etc.) Not While gt work at work 5/6/ 1966 to 5/17/ 1966, that 10 (we) last 21 I certify that A) (this haspital) attended the deceased fram____ 5/17/ 19 66, and that death accurred at 10:10M.MM causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22a. SIGNATURE 5/17/66 M.D. DIRECTOR PHYS 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 230 BLIRIAL TREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) My.21.1966 King Goerge, Co. Virginia. St. Stephen Baptist Church VR A15 (4) 20 M 1/66



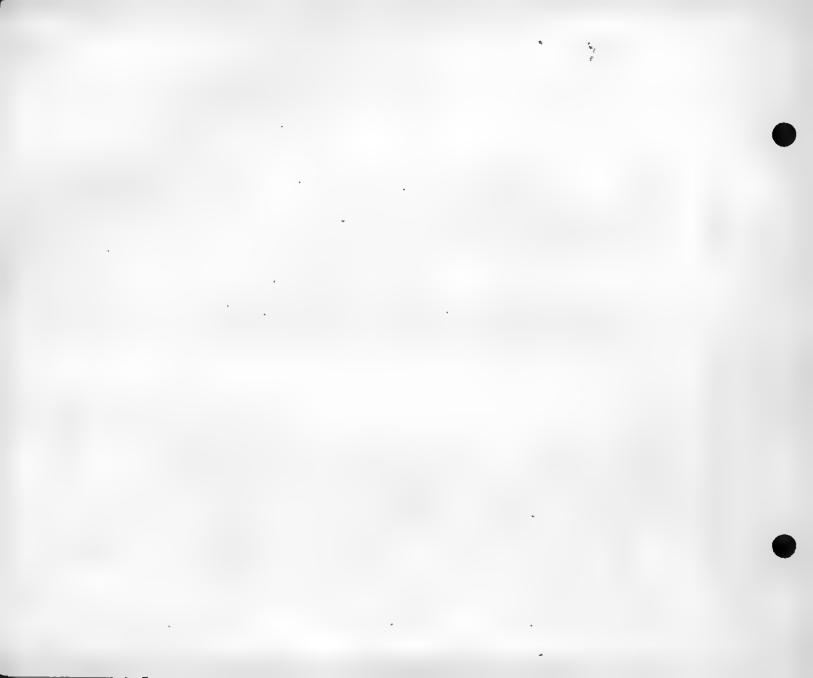
	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	I AND
Mary Comments	e = 50 e		07459 Them CERTIFICATE OF DEATH Th	5.2
1	e funeral I and 2 er chalfh.		1. PLACE DF DEATH a. COUNTY PRINCE GEORGE'S MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution? Residence a. STATE VIRGINIA b. COUNTY	e before admission)
	24 hours after filled in by the apers. Pages 1 n 72 hours after		b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) ANDREWS AIR FORCE BASE 3 DAYS C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) FALLS CHURCH	
			273.2 110001 400	ON A FARM?
	ithIn stely son with	3	3. NAME DF First Middle Last 4. DATE Month Day DECEASED	y Year
	executed with a standard complete carbinate ca		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Months Oays	
	ician ase	10	MALE CAU WIDOWED OIVORCEO 3-72-93 73 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN CDUNTR USAF USAF USAF	I DF WHAT
	W	ī	13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME	
	ie death certificat the attending phy it permit. Then p nation, or removal,	10	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, g ghown) (If yes give war of second service) 2.30/-60-69/8 Mrs. David A. Stinson Same as	# 2
	that the deat ician. ned by the at Il-transit pern	-	18. CAUSE OF OFATH Enter only one cause per line for (a), (b), and (c),]	ERVAL BETWEEN SET AND DEATH
	es tha signe urial-t urial,		cenditions, if any, which } OUE TO ACUTE MYOCARDIAL INFARCTION	3 DAY
	law requir ttending p has been as the b prior to b		gave rise to immediate cause (a), stating the underlying cause last. OUE TO CHRONIC BRAIN SYNDROME WITH COMA	1 DAY
	ICIAN: The lan ospital or afti certificate ha hed for use a st. of Health pit.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	PERFORMED?
	PHYSICIAN: the hospital this certific detached for			
	JING PHY The by the After this of the detail of the beat and the	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work	(State)
	OR ATTENDING of be stained by DIRECTOR: After ge 3 should be led with the Stafe		21. I certify that M (this hospital) attended the deceased from 25 MAY , 156 , to 28 MAY , 1966, to saw the deceased alive on 28 MAY 1966, and that death occurred at 3050 M, from the causes and on the date	te stated above.
	DIRE Se 3		ATTENDING MED STAFF	Y 1966
	HOSPIT agm 4 n FUNERA irector,	/ 2	NAME (1990) GEORGE WALTUCH, KAPT, MC USAF HOSP, ANDREWS AIR FC	ORCE BAS
	of of the state of	2	24. FUNERAL DIRECTOR ADDRESS ADDRESS	NATURE
	VR A15 (4) 20M 1/65	1.	n. w. Chambers G. 517-11= At. S.E. JUN 3 1966 PCharles Ju	elge.



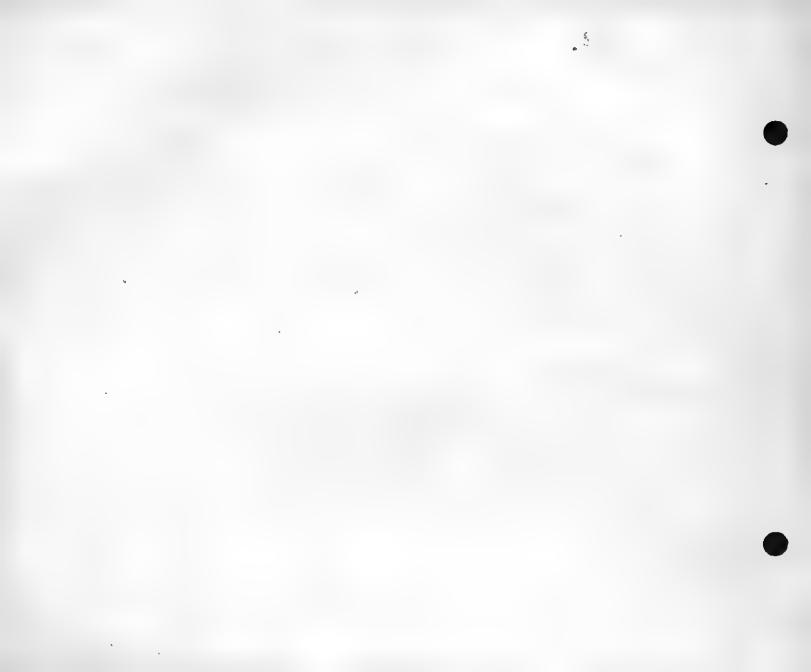
12 H/1 (2	1	MARYLAND STATE DEPARTMENT OF HEALTH
PVI (P	VI.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	-	97454 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
delay is and 3 ta M3. Page M3. Page rttment af er death.		Prince George's MARYLAND Maryland Prince George's
PM3. Page partment af after death.		b CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
m PM3. Pm3. Pm3. Pm3. Pm3. Pm3. Pm3. Pm3. Pm		Cheverly DOA Seat Pleasant
The September of the Se		d NAME OF HOSPITA. OR INSTITUTION (finat in haspita, give street address) d STREET ADDRESS e S RESIDENC ON A FARM!
after death. If way delay 8. Give Pages. 1, 2, and 3. dang with farm. PM3. Pawith the State Department within 72 hours after deat within.	37	Prince George General Hospital 7010 Gregg Street YES NO
after death 1 8 Give Pages along with far with the State		NAME OF First Middle Last 4 DATE Month Doy Year DECEASED OF
ir de live F g wi g wi in 7		(Type or print) Newton Elwood Stribling DEATH 5 1 1966
after deat 8 Give Pa alang with with the St		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR F. NDER 24 I lost birthday) Months Days Hours M
		Male White WIDOWED DIVORCED 4-9-1907 59 YIS
hours Office Sent		On US_AL OCCUPATION (Give kind of work done INDUSTRY) 10 KIND OF BUSINESS OR IT BIRTHPLACE (State or foreign country) 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 3 COUNTRY 3
\$ E . S		uring most of working life, even if refired) INDLSTRY VIR GINIA COUNTRY 3 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
within 24 pencil in xaminer's ile pagis		77
m pe Exar File and	-	HODERI STRIBETTO VARANTA
This certificate should be executed within 24 hours loate, writing the ward "pending" in pencil in Item 1 be farwarded to the Chief Medical Examiner's Office 1 be used as a burial-transit permit. File pages 10.7 in ta burial, crematian, ar remayal, and in any event.		(Yes, no or unknown) [(If yes give war ar dates of service) ITELEN V. STRIBLING SAME AS TECL
xecu ding hedr mav	ŀ	LID CALISE OF DEATH (Fotor only one cours not line for lot b), and (r).
pe e e e e e e e e e e e e e e e e e e		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure ONSEI, AND DEATH minutes
Chi Chi a	.	4200 DUE TO
wo wo the atra		(Onditions, if ony, which gave) (b) Arteriosclanotic heart diverse
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nts of the, the hose up to be		YES NO
0		20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Port L
NER NER shau shau sho sho		20c TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City ar town) (Caunty) (State
AL EXAMINER: execute the certion. Page 4 shauld of for your files TOR: Page 3 shaul		Hour a.m. While Not While of wark of fice bldg, etc.)
L EXA recute Page for yau R: Pag		21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [], Inquiry [], and in my opin
CA figure exercised from tighting		death resulted fram Notyral couses 🔀 , Accident 🗌 , Suicide 🔲 , Homicide 🗍 , Undetermined monner 🗍
MEDTA please director refained DIREC		ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGN
Ple ald die al		SIGNATURE M.D. ASSISIANT MEDICAL EXAMINER
TO DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retoined it TO FUNERAL DIRECTO Health or its design	-74	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 5-2-66
o DEP necess the fu S may S EUN Health	=	Tham: (Type) OPTITE RETOR, PLD. RIVERGALE, PIG. Address (Street, City, Town, or county) 33 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 s = 2 5 m		BEHAVAL SOUTH 5-5-1966 COEDAR HILL CEMETERY SUITLAND, MARYLAND
	P	24 FUNERAL DISCIPOR 1 250 REC'D BY REGISTRAR 250 BEGISTRAR'S SIGNABURE
VR A15ME (5)	131	W.W. Chambers 60, Turerdal, Margland MAY 5 1966 Poliantes Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 37455 27461 requires that the death certificate be executed within 24 hours after death death funeral I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Prince George a. COUNTY ompletely filled in by the fur ve corbon papers. Poges I event, within 72 hours after Prince George Maryland MARYLAND b CITY OR TOWN (If outside carparate imits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) LENGTH OF STAY IN 1b Hvattsville Hvattsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? 2002 Woodberry Street 2002 Woodberry Street YES NO 😾 3 NAME OF Middle 4 DATE receive corbon First Last Day Year DECEASED OF DEATH 16, 19 SWIFT MAY (Type or print) MARY < SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF LINDER 24 HRS OATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED birthday) Months Davs Haurs WIDOWED R DIVORCED Sept. 8, 1871 White Female 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CH ZEN OF WHAT Buo during most of working life, even if retired) U.S.A. INDUSTRY Housewife Michigan Own Home 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME buriol, cremotion, or removol. Catherine King Marcus Crysler WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, ar unknown) if if yes give war or dates of service) Katherine L. Swift Same as #2 (daughter) none no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN
ONSET AND, DEATH signed by the burral-tronsit p IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove (b) rise to immed ate cause (a), **OUE TO** stating the underlying cause prior to hos been use os the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMEO? TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept of Health; NO Page 4 may be retained by the hospital or 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Oay, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, form, (City or town) (County) (Stote) Nat While factory, street, office bldg , etc.) at work at work 2]. I certify that (1) (this hospital) attended the deceased from Telephone, 19 (50) 16, 19 66, and that death occurred at 50 AM, from causes and on the date stated obove. 22a SIGNATURE 22b. OATE SIGNED ATTENOING PHYS. 118120 M.D **OIRECTOR** PHYS. 22d. ADORESS 22r. PHYSICIAN S 130V NAME (Type) 23c NAME OF CEMETERY OR GREMATORY 23a BURIAL CREMATION 23h. OATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 5/18/66 Burial <u>Lakeside</u> Belleville. Michigan 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY hours after Prince Georges Prince Georges Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b rs. Pag Cheverly 10 days .⊑ Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? sician and completely fill lease remove carbon par and in ady event, within Prince Georges General Hospital 509 Gorman Ave. No YES executed within NAME OF First Middle DATE Month Last Day Year DECEASED OF (Type or print) Benjamin Taft DEATH 19 May 66 5. SEX 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. NEVER MARRIED last birthday) | Months Days Hours Male White WIDOWED X Anril 4. DIVORCED 1877 89 physician a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Retired Contractor Camentry Jasper. New York 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova ed by the attending partners transit permit. Then, cremation, or remove Merritt Taft Maria Failing 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes nive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN requires that the has been signed by the as the burial-transit prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? for use Health NO F YES the hospital 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) r this certif detached for to Dept. of I MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) AL DIRECTOR: After the page 3 should be det effled with the State D factory, street, office bldg., etc.) Hour a.m. While Not While at work be retained by 1960. to. Man Wen 10 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that death occurred at 6. O.SM.Mrom the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR 4 may TO FUNERAL 22c. PHYSICIAN'S director, p ADDR ESS NAME (Type) 1634 BURIAL, CREMATION. 23c. CEMETERY OR CREMATORY (State 23b. DATE THEREOI (City, town or county) FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 37457 FOR STA'N HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) o. COUNTY o. STATE Prince George's

b C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Prince George's MARYLAND **EC** CLENGTH OF STAY IN 16 c CITY OR TOWN (f outside corporate finits, write RURAL and give noorest town) 2, a. PM3. F Dupont Heights Cheverly DOA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) S RESIDENCE ON A FARM? d STREET ADDRESS hours YES NO X in Item 18 Give Pages Prince George General Hospital 4548 Porter Avenue after death 3. NAME OF Middle 4 DATE Month Year DECEASED (Type or print) Bernard DEATH Thomas FUNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARR ED NEVER MARRIED lost birthdov) Months Doys W DOWED DIVORCED event 2-1-1966 24 haurs Male Negro and 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (Stote or foreign country) 12 C TIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? pages In Maryland
14 MOTHER'S MAIDEN NAME U.S.A. e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiners pencil 13. FATHER'S NAME This certificate should be executed within Arletha Thomas Reginald Hayes and IS WAS DECEASED EVER IN U.S. ARMED FORCES Address Dupont Hets. 16 SOCIAL SECURITY NO 17 INFORMANT used as a burial-transır permir. burial, crematian, ar remaval, (Yes, no or unknown) (fives a ve wor or dotes of service) 4548 Porter Ave. Mary Thomas 18. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Lobar pneumonia IMMEDIATE CAUSE (o)_ DUE TO Conditions, if ony, which gove use to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTR. BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES DC please execute the certificate, NO F 5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 should be thealth ar its designated agent, priar to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Tor CONTRIBUTING T CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy Year foctory, street, office bldg., etc 1 Not While of work at work 21. I certify that I taok charge of the remains described above, held an Autopsy 🕵 , Inspection 🕵, Inquiry E. and in my opinion Suicide . Hamicide | Undetermined manner directar. death resulted fram Natura sauses Acciden CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER 🔽 **EXAMINER'S** Riverdale, Md. 5-11-66 NAME (Type) John Kehoe, M.D. Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BUR AL CREMATION 23b DATE THEREOF (Stote) BUT I STORY Harmony Memorial Park Md. Landover, 5-14-66 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR VR A15ME (5) 4339 Hunt Pl., N.E., Wash. D. CHAY Rollins



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY ve carbon papers. Pages I event, within 72 hours after Prince George's the Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours Cheverly 7 days Upper Marlboro filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital ND RFD Box 9069 Rt completely to within 3. NAME OF Month Middle Last 4. DATE Year DECEASED John D 19 66 Thomas Mav 30 DEATH (Type or print) executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 7. MARRIED XX NEVER MARRIED last birthdey) | Months Hours any Male 1/20/92 Negro WIDDWED = 10a, USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? FATHER'S NAME MOTHER'S MAIDEN NAME rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address 16. SOCIAL SECURITY NO. death been signed by the atten the burial-transit permit, or to burial, cremation, or (Yes, no, or unknown) (If yes give war or dates of service) ame 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. certificate has 93 CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITIONS (VENT IN PART 1(a) detached for use te Dept. of Health YES XX NO [20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 1] of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20s. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work at work p.m. May 23 1966 director, page 3 should should be filed with the \$ May 30 . 1966 _. that (% (we) last 21. I certify that (Ix (this hospital) attended the deceased from May 30 19 66 , and that death occurred a 9:15 Me from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. X DIRECTOR PHYS. M.D. 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BURIAL, CREMATION, NAME OF CEMETERY OR CREMATOR LOCATION (City, town or county) (State 23b. 23d. REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b REGISTRAR GNATUR VR A15 (4) 15M 4-64



Item 18 Film G376 5/1MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after ince 1. NEC **MARYLAND** MAYYLAND Georg CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours A45 L: N + ON / WASH Wyton MATYLANA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within CENTE DOGTHENN MATYLAND NO X 16 YES completely i death certificate be executed within 3. NAME DE DATE Middle Last Month Day Year DECEASED event, (Type or print) JOHN DYNE 4 DEATH MAY 1966 UCE 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months ted by the attending physician and etransit permit. Then please removed, cremation, or removal, and theny Days FEB. 19-1898 MALE WIDOWED DIVORCED 68 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? MACHINEST WASH. < 13. FATHER'S NAME MOTHER'S MAIDEN NAME HENR 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ending physician. signed burial-tr burial, o DUE TO Conditions, If any, which the bu (b) gave rise to immediate DUE TO cause (a), stating the as th Thoracic aorta) underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate YES [NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certification of Dept. of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work D 21. I certify that (I) (this hospital) attended the deceased from 19/2/ that (I) (we) last DIRECTOR: age 3 should iled with the and that death occurred at 3 M, from the causes and on the date stated above. saw the deceased alive on_ 22a. SICNATURE ATTENDING STAFF PHYS DIRECTOR PHYS. may pa ⋷ TO HOSPITAL FUNERAL PHYSICIAN'S TO FUNERAL director, p 22d. ADDRESS NAME (Type) Page 4 r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF (State) REMOVAL (Specify) Epiphany Church Cemetery Forestville Maryland Buzia 5-4-66 FUNERAL DIRECTOR REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 1966 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ond campletely filled in by the funeral remove carbon papers. Pages 1 and 2 in ony event, within 72 haurs after debth 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o STATE Maryland o. COUNTY **b** COUNTY Prince George Prince George MARYLAND CCITY OR JOWN (If outs de comporte limits, write RURAL ond que nearest town) b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 1h D.O.A. Bellmead d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS on a Farma Prince George General Hospital 4200 73 rd Ave. 3 NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED Helen Rebecca Turner May 19 66 16. (Type or print) DEATH S. SEX AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lest pirthday) Months Hours June 15,1895 Female White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT turing roos of working life, even if retired) U.S. Gov. U COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Preston Wood Emma Rebecca Wilkerson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na your known) (from 0 213-38-2813 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEE burial-tronsit PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the Page 4 may be retained by the hospital or attending this certificate hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use should be filed with the State Dept. of Health YES ₹7 NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work O FUNERAL DIRECTOR: After 19 CO, ta 21. I certify that (I) (this haspital) attended the deceased from 16194 b, that (I) (see) last 1016, 1966, and that death accurred at 9110 PM, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NEW YORKAY NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) Burial (Specify) 5/19/66 Ft. Lincoln Colmar Manor Md. 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md.

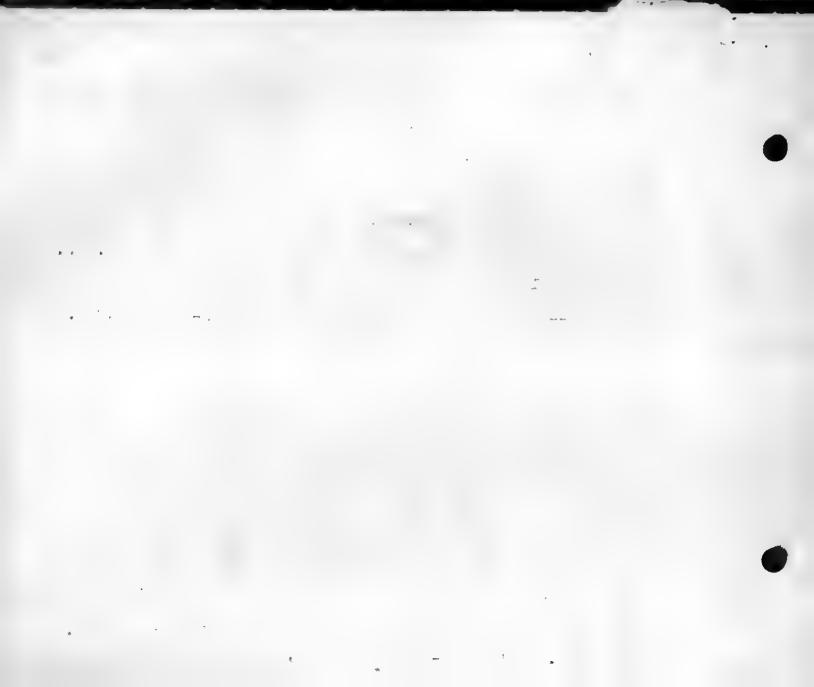


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please move carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	3174
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENGE (Where deceased lived, If Institution: Residence before admission) a. STATE b. CDUNTY
Drince Georges b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH DF STAY IN 1b	c. GITY DR TOWN (If outside corporete limits, write RURAL and give hearest town)
Cheverly 27 days	Landover
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENGE
	ON A FARM?
Prince George's General Hospital	9123 Central Avenue YES NO
3. NAME DF First Middle DEGEASED	Last 4. DATE Month Day Year
(Type or print) Percy	Vermillion DEATH May 16 19 66
5. SEX 6. GDLDR DR RAGE 7. MARRIED NEVER MARRIED 8	3. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS. Hours Min.
Male White WIDDWED STANDOOT	Unknown 83 yrs.
10a, USUAL DGGUPATIDN (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT
during most of working life, even (Paice) INDUSTRY Laborer (Tobacco Tenent	Maryland U. S. 4
Laborer (Tobacco Tenent	14. MDTHER'S MAIDEN NAME
	Elizabeth Beall
Edward Vermillion	
(Yes, no, or unknown) (If yes give war or dates of service)	· · · · · · · · · · · · · · · · · · ·
No Ho	ospital Records-Cheverly, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	DNSET AND DEATH
PART I. DEATH WAS GAUSED BY: IMMEDIATE GAUSE (a) Certifications Output Death Death	and musif ciency
TY DUE TO O	
Gonditions, if any, which (b) Corchar arter	underni-
gave rise to immediate (
cause (a), stating the	
underlying cause last.) (c)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 119. WAS AUTOPSY
PART II. DTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ACTUPST PERFORMED?
<u> </u>	YES TO NO
PART II. DTHER SIGNIFIGANT GONDITIONS GONTRIBUTING TO DEATH BUT NOT RELA 20a. AGGIDENT WAS UNDERLYING TO BE CONTRIBUTING TO COUNTRIBUTING TO CAUSE OF DEATH UR GONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter neture of injury in Part I or Pert II of Item 18.)
DR GONTRIBUTING GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(0.440)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED 2De. PLAC	GE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OGGURRED 20e. PLA	Managed a managed a control
21. I gertify that to (this hospital) attended the deceased from A	pril 19 1966 to May 16 1966 that #1) (we) last
	death occurred atta: 40.M, from the gauses and on the date stated above.
228. SIGNATURE	ATTENDING MEET STAFF
M.D	. PHYS. DIREGTOR PHYS. &X 0-1/-62
220. PHYSICIAN'S DONNIO FEDEREA	22d. ADDRESS /
NAME (Type) DONALD CIEDORON	Agallenth, 14
238. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (Gity, town or county) (State)
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY Burial 5/19/66 Cedar Hill	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ritchie Bros. Fun'l Home-Upper Mar.	

VR A15 (4) 15M 4-64



10	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:	201
FOR STATE	07568 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07462
Pege 1 single search of the HEALTH DELLA	1 PLACE OF DEATH 1. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, f institution Residence on STATE of COUNTY Maryland Prince George's Maryl	ce before admission)
th It any delay is ges 1, 2, and 3 to a form PM3. Page of Department of haurs after death.	b CITY OR TOWN (If guiside corporatemits, write RURAL and give nearest town) Riverdale C. LENGTH OF STAY IN Ib C. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) Berwyn Heights	nearest town)
2 = E = S	d NAME OF HOSP TAL OR INSTITUT ON (If nat in haspital, give street address) d STREET ADDRESS	e IS RES DENCE ON A FARM?
leath Pages with fo	Leland Memorial Hospital 8900 57th Avenue 3. NAME OF First Middle Last 4 DATE Manth OF	Doy Year
offer death If S. Give Pages 1, along with farm with the State De within 72 haurs	(Type or pnnt) William Lacey Wallace DEATH 5 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years FUNDER Marries Marries	17 19 66 I YEAR IF UNDER 24 HRS Days Haurs Min
d within 24 haurs after death 1 in pencil in Item 18. Give Pages Examiner's Office along with far File pages 1972 with the State and in day of in within 72 hau	Male White WIDOWED DIVORCED 22 July 1921 44 YES 10a USUA, OCCUPATION (Give kind of work dane during most of warking life, even if retired) Mechanic IDB KIND OF BUSINESS OR II B RTHPLACE (State or foreign country) Mechanic UI The state of the state	TIZEN OF WHAT UNTRY?
d within 2 in pencil in Examiner File pages	13. FATHER'S MAME	· D · M ·
executed will sending" in pe f Medical Exar it permit File removal, and	William Wallace Sr. S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give war or dates of service) Nov. 1: 11 11 Fannie Wallace 1140 Hawthorn	sapeake, Va.
be exectly bend. Thief Mercansit percansit pe	18. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) Laceration of brain	NTERVAL BETWEEN ONSET AND DEATH OVER 2 hours
MINER: This certificate shauld be executed within the certificate, writing the ward "pending" in pencil 4 shauld be forwarded to the Chief Medical Examine in files. 8 Shauld be used as a burial-transit permit file pagagent, prior to burial, cremation, or removal, and in a	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO (b) From basal skull fracture DUE TO (c)	ver 2 hrs.
s certifice e, writing forwarde s used as a burial,	PART 11 OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(o) 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Part II of Item 18.)	19 WAS AUTOPSY PERFORMED? YES NO
NER: This certificate, thould be for iles. should be used in the prior to the prior	PRIMARY OF CONTRIBUTING	
	20c TIME OF NJURY Month, Day, Year 20d IN, JRY OCCJRRED 20e PLACE OF NJURY (Hame, form foctory, street, office bidg, etc.) 3:15am pm 5-17- 1966 at work of otwork Home Same as #2	inty) (Store)
DEPUTY MESTAL EXAMINER: Treessary, please execute the certifical funeral director. Page 4 should be may be retained for your files. FUNERAL DIRECTOR: Page 3 should stath or its designated agent, prior	2) I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, death resulted frame. Natural causes, Acadent, Suicide, Homicide, Undetermined manner	and in my opinion
or Record	ACTUAL SIGNATURE M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER &	22. DATE SIGNED
TO DEPUTY necessary, p the funeral 5 may be r TO FUNERAL Health or it	230 BURIAL CREMATION 235 DATE THEREOF 236 NAME OF CEMETERY OF CREMATORY 23d OCCUPION (Cly or Town)	<u>-17-66</u> (County) (State)
<u>_</u>	Burial 5-20-66 Magnolia Cemetery Norfolk Va	GNATURE
VR A15ME (5) 6M 1/66	Lee FUNEXAL Home, 300 4th St. N.E. DMAY 23 1966 gelians	w Judge



H 1(NA	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
e ave	CTA69 CERTIFICATE OF DEATH J463			
hours after death d in My Mm famiral rs. Pages 1 and thours after death	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence e. COUNTY			
after III f				
in By III.	Prince George's MARYLAND D. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Prince George C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, write RURAL and give	a nearest town)		
hour hour rs.	Cheverly 10 days Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e.	IS RESIDENCE		
tted within 24 ho completely filled is ve carbon papers. event, within 72 h		ON A FARM?		
d within	3. NAME OF First Middle Last I 4. DATE Month Day	Year		
d wi m≣fe carl	(Type or print) John Herbert Webb DEATH May 15	19 66		
cuted v d committee	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR) North Days	Hours Min.		
e e e e e e e e e e e e e e e e e e e	Male White WIDOWED DIVORCED July 5, 1876 89 yrs. 103. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN C	OF WHAT		
a Property	Retired Electrician Union Station England U.S.	?		
phys phys n ple val, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
ertific Jing p Then emova	Z. William Webb Harriet White			
death certifi e attending bermit. Thei	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)			
dea he a per tion,	no 719 09 1234 W. Waverly Webb Same as #2 (son) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	RVAL BETWEEN		
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please plays carbon leafth prior to burial, cremation, or removal, and being event, with	PART I, DEATH WAS CAUSED BY: A LOUARY Thus per hoses of the DNS	A A V		
ilres that the physician, n signed by burial-transit burial, creme	4201 DUE TO	14/1/5		
hys phys buris buris	[Conditions, If any, which] (h) CleverALIZED ARTERIESCLEROSIS	51/15		
requir ding p been the b	gave rise to immediate cause (a), stating the DUE TO			
tten has prio	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTDPSY		
N: The law ret tal or attendin ificate has be for use as th Health prior t	YES	WAS AUTOPSY PERFORMED?		
CIAN: The spital or a certificate ted for use to Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYSICIAN: the hospita r this certif detached for te Dept. of t		(0.1-1-)		
PHYSI the h r this detact	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	(State)		
TTENDING PI stained by th TOR: After t should be de th the State		at //\ /wa\ loot		
TEN Taine Dough	21. I certify that (I) (this hospital) attended the deceased from 1963, to 1965, the saw the deceased alive on 5/15 1965, and that death occurred at 756M, from the causes and on the date	at (I) (we) last stated above.		
RECT With	22a. SIGNATURE 22b. DATE SIG			
AL O	22c. PHYSICIAN'S LOCAL DIRECTOR DIRECTO	66		
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-	NAME (Type) Horman). (omeau 3503 Tenny 55 MS 1/AIN	jen ml		
Page 10 FUI direc shoul	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)		
F F	5/18/66 Ft. Lincoln Colmar Manor, ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL	Md		
VR A15 (4)	2111/ 17 1000 1001 11 11	1.6		
15M 4-64	Francis Gasch's Sons Hyattsville, Maryland 17 1966 Charley June			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. uneral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY nours after within 72 hours after Prince George's
b. CITY OR TOWN (If outside corporate limits, MARYLAND by the c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Washington D. C. 7 davs Cheverly Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? Prince George's General Hospital 1736 S. Street S. E. YES -NO etely executed within carbon 3. NAME OF Last DATE Montb Day First Middle Year DECEASED OF DEATH 19 William Weimar Sr May 66 A. 19 (Type or print) 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 5, SEX 9. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours White Male 3/7/04 WIDOWED XX DIVORCED [10a. USUAŁ OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR physician INDUSTRY death certificate be and Supervisor Washington, DC Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Theodore Weimar Henriette Geblick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. burial-transit permit. burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) 578-07-7438 Wm. A. Weimar Jr. 1508-55th Ave. Hillside Md INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line) for (a), (b), and (c).] à Carcinomatosis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate has been signed DUE TO Caremoma Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last, WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use e Dept. of Health YES X NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from Oct 196 Sto hu 💯 19*6 &* that (I) (we) last 1964, and that death occurred at 1:19, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SJENED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. Page 4 may 1 PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2 REMOVAL (Specify) Suitland, Cedar Hill Cametery 1966 Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUMERAL DIRECTOR VR A15 (4) 1661-Good Hope Rd SE Wash DC Bros. Simmons 15M 4-64



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
- = ~ = \	CERTIFICATE OF DEATH, CONT. 07465	
hours after death, d in by the funeral rs. Pages 1 and 2 though after death	1. PLACE OF DEATH a. CDUNTY b. CDUNTY a. STATE b. CDUNTY	ion)
ter te	Frince George's MARYLAND Maryland Prince George	
by the	write RURAL and give nearest town)	vn)
and an and an	Cheverly 2 days 57 min. Hyattsville, /6.,	
- e e -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN DN A FARN	CE ?
thin 2. Itely fill son pay within	Prince George's General Hospital 7464 Euclid St. YES NO	X
executed within and completely remove carbon prompts any event, within	3. NAME DF DECEASED (Type or print) Baby Girl Middle Twin I Last Weston Weston 4. DATE Month Day Year OF DEATH May 21 19 66	
y eve	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IFUNDER 17 EARLIFUNDER 24 Female WIDDWED DIVORCED May 19, 1966 lest birthday) Months Days Hours M	ir.
	WIDDWED DIVORGED 1743 13, 1300 yrs. 2 57	
be be sician lease and ii	during most of working life, even if retired) INDUSTRY COUNTRY?	
cate be physician please and ir	N/A N/A Prince George's, Maryland USA 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME	_
feath certifica e attending ph permit. Then on, or removal	Robert Lloyle Weston Joyce Mae Howell	
th cellinit.	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes pive war or dates of service) 16. SDCIAL SECURITY NO. 17. INFDRMANT Address	
att ermi	No Mother As above	
he o	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEE ONSET AND DEAT	EN H
requires that shall be a physician shall be a physician shall be a physician shall be a physician to burial, cr	Conditions, If any, which) DUE TO FILLURGE STEELS.	
g pi	gave rise to immediate (b)	n.
law recttendin has be as the prior t	cause (a), stating the underlying cause last, (c)	
OR ATTENDING PHYSICIAM: The law requires that the be retained by the hospital or attending physiciam. SIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-transed with the State Degl. of Health prior to burial, cre-		?
CIAN: The ospital or a certificate red for use	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES V NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)	
ING PHYSICIA d by the hospi After this cert i be detached State Degt. of		2)
JING P d by tl After d be d	2Dc. TIME OF INJURY Month, Day, Year 20d, INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.) p.m. 19 at work at work	
ATTENDING retained by ECTOR: After Should be with the State	21. I certify that (I)-this hospital) attended the deceased from May 19 , 1966, to May 21. , 1966, that (I) (we)	
short the	San the deceased and bit the date states are	NO.
OR ATTENDI y be retained y be retained BIRECTOR: A Rge 3 should lied with the	22a, SIGNATURE AM ATTENDING M.D. PHYS. AM STAFF DIRECTOR PHYS. 5/21/66	
	M.D. PHYS. (A) DIRECTOR PHYS. 5/21/66	_
HOSPITAL age 4 may FUNERAL I rector, pa	NAME (Type: Bernardo Alvarado, 6201 Riverdale, Rd., Riverdale, Md.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
5 5 5 5 5 V	Cremation 1 2728/66 Prince Georges Con Hose	
- 1	ADDRESS ZOAL REGULAR ZOD. REGISTRAR	
VR A15 (4)	// Villeam Asst Minister Cheverly, Md. JUN 3 1966 Johnson Judge	



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
de sa	CERTIFICATE OF DEATH	07466
1	PLACE OF DEATH a. COUNTY Prince George's MARYLANO PLACE OF DEATH a. STATE MARYLANO MARYLANO Prince George's	
C)	b. CITY OR TOWN (If outside corporate limits, write RURAL at write RURAL and give nearest town)	nd give nearest town)
-	Cheverly 23 hr. 47 min. Hyattsville // d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	B. IS RESIDENCE
	Prince George's General Hospital 7464 Euclid Street	ON A FARM? YES NO X
3	NAME OF First Middle Twin II Last 4. OATE Month OF OF OF DECEASED Baby Boy Weston DEATH May	Day Year 20 19 66
-55	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IFUNGER 1	YEAR IF UNDER 24 HRS.
	male white widowed divorced May 19, 1966 yrs.	Days Hours Min.
d		IZEN OF WHAT INTRY? S.A
7	3. FATHER'S NAME	
-	Robert Lloyle Weston Joyce Mae Howell 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
1	Yes, no, or unknown) (If yes give war or dates of service) No —— As above	
	18. CAUSE OF OEATH [Enter only one cause per line for (3), (b), and (c) 1 PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
L	conditions to any which I	23 hrs.
	gave rise to immediate cause (a), stating the DUE TO	47 min. —
ST.	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO NO
PEDTIFIFATION	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1120 821 110
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED thour a.m. While at work at w	ty) (State)
	21. I certify that (I) (this hospital) attended the deceased from May 19, 1966, to May 20, 1966 saw the deceased alive on May 20, and that death occurred all 10 M, from the causes and on the	e date stated above.
	M.D. ATTENOING X MEO. STAFF DIRECTOR PHYS. 5/2	TE SIGNEO
_	PHYSICIAN'S NAME (Type) Bernardo Alvarado, M. D. 6201 Riverdale Rd., Riverda	
Ž	38. BURIAL CREMATION, 23b. DATE-THER OF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or court MOVAL (Specify)	
2	Asst. Admin. Cheverly, Maryland 11 3 1966 Clevels Maryland 11 3 1966 Clevels	I I GNATURE
2	Muliante Tarker Jane 1900 Joseph	0 0



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Maryland Prince George CHY OR TOWN If outside corporate l'mits, write RURAL and give nearest fown) b. CIT OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Mt Rainier

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3208 Chillium Rd IS RESIDENCE ON A FARM? 18th Ave YES NO 7205 Rainier completely papers. DATE Middle Month Day Year DECERSED OF . (Type or print) DEATH Lillian May 19 Mavand cor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR last birthday) Months Days Hours Female WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or lore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Housewife irginia 13. FATHER'S NAME MOTHER'S MAIDEN NAME please Henderson 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewar ordates of service) Peterson daughter Same #1 Helen 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) i signed by ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immadiate cause DUE TO (a), stating the underlying cause last. PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18) 20%, ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) factory eyest, office bldg., etc.) While Not While Hour a.m. at work at work p.m 1962 21. [certify that (I) (this the mittal) attended the deceased from tox 19.6 and that death occurred at . .M. from the causes and on the date stated above. the deceased alive on SIGNATURE 22b. DATE 228 ATTENDING SIGNED PHYS DIRECTOR death. Page 4 O FUNERAL c. PHYSICIAN S NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23s. BURIAL, CREMATION, | 23b DATE THEREOF REMOVAL (Spacify)
Burial Fort.Lincoln Cemetery Colmar Manor Md 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS EC'D BY REGISTRAR | 256. VR A15 (4) 1SM 7-62 Home -Washington, D.C.

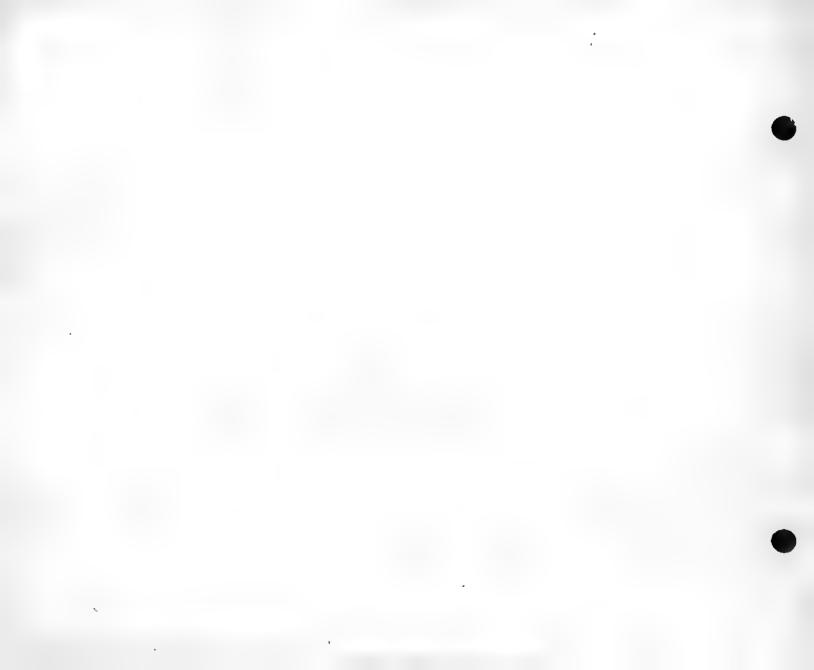


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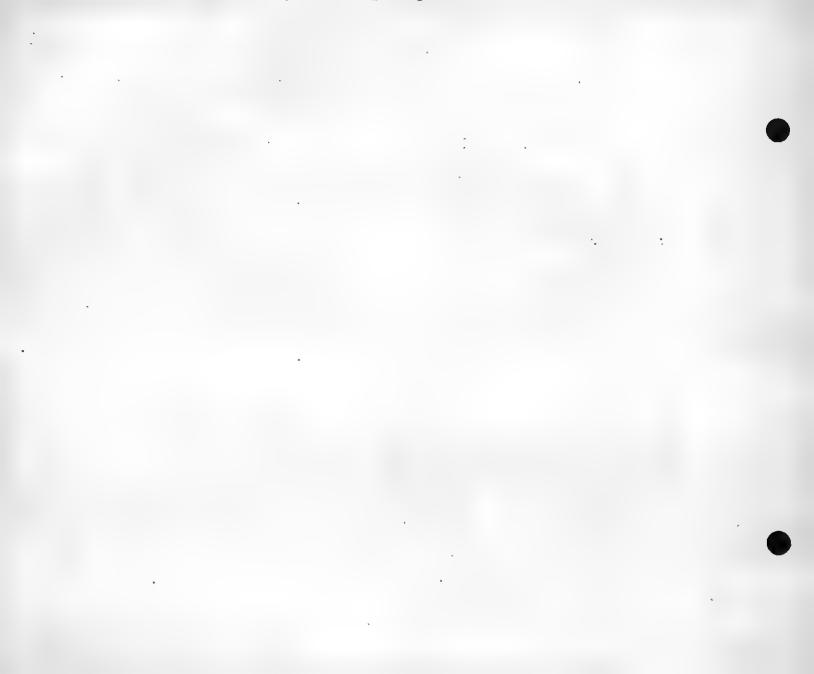
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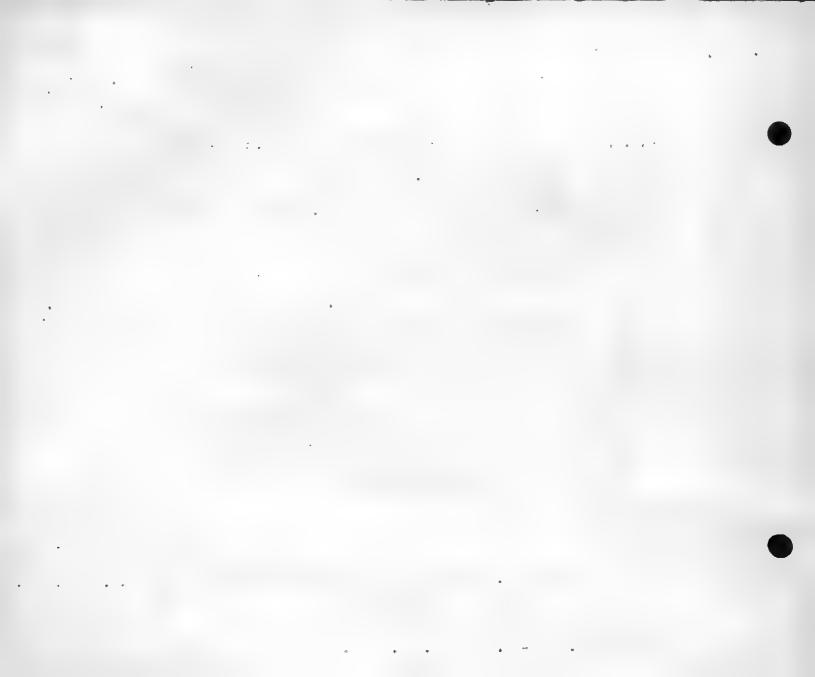


(iV	MARYLAND Division of STATISTICAL RESEARCH AND RE	STATE DEPARTMENT CORDS, 301 W. PREST		RYLAND 21201
1	C7474 MEDICAL EXAM	WINER'S CERTIFIC	ATE OF DEATH	08915
1	PLACE OF DEATH OCCURNIY Prince George	MARYLAND 0. STATE		ward
		8 days	OWN (If outside corporate limits, write Jessup †	,
4	Prince George General Hosp:	ital Box	x 32 A	⊎ IS RESIDENCE ON A FARM? YES NO 23
	NAME OF First Middle DECEASED Margaret He	len White	e OF DEATH	May 31 19 66
		RCED 18 Dec	78 b rthdoy	Months Doys Hours Man.
dur	USUAL OCCUPAT O'N (Give kind of work done ng most of fork ng life, even if ret red) NDUSTR	DR II BIRTHP.	ACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY? USA
	FATTER'S NAME William R. Harney	14 MOIHR	ara M. Ga	ither
. 15	WAS DECEASED EVER NUS ARMED FORCES? s, no, or Jinknown) (1 yes give wor or dotes of service)	17 INFORMANT	wwhite li	wypoly fretu
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Heart	t failure		AN RVAL BETWEEN GOET AND GEATH METILES
	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost	riosclerotic	heart disease	Years
ATION	PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Intertrochanteric fracture or			19 WAS AUTOPSY PERFORMED? YES NO 36
AL CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING ☑ CAUSE OF DEATH. 20b DESCRIBE HOW INJUI Fell at he	RY OCCURRED (Enter noture of	f njury in Port I or Port II of item 18)
MEDICAL		20e PLACE OF INJURY (9 foctory, street, office Home	same a	s #2
	21. I certify that I took charge of the remains describe death resulted from: Noting couses , Accident	😦, Suicide 🔲, 🔀		nquiry 😾, and in my op nion manner 🗌
	ACTUAL SIGNATURE John Pr	M B ASSI	STANT MEDICAL EXAMINER UTY MEDICAL EXAMINER UTY MEDICAL EXAMINER	22. DATE SIGNED
230	EXAMINER'S John Kehoe, M.D., River BURIAL, CREMATION, JULY DATE THEREOF 22 NAME OF	ndala	ress (Street, city, town, or county) 23d LOCATION (City or	5-31-66 (Coppty) (Stote) (
	SMOVAL (Specify) FUNE MAL DIRECTOR ADDRESS ADDRESS	lawredge.	Man War	REGISTERS & GNATURE
1	We With Wander &	med hel	DAJUN 9 1966	(Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY 410w11/10 b. COUNTY e. STATE Pages 1 urs after Prince George Maryland Prince George MARYLAND b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b stely filled in by bon papers. Page within 72 hours a Riverdale Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X Eugene Leland Memorial Hospital Box 305. Grant Avenue YES death certificate be executed within etely rbon NAME OF First # Middle Last DATE Month Year DECEASED TING (Type or print) Whiting DEATH 1956 compl re car French 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 9. last birthday) | Months | Days Hours | Min. male _3 WIDOWED T DIVORGED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** American West Virginia Maintena**nc**e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova been signed by the attending plate burial-transit permit. Then it to burial, cremation, or remova Blanche Davis Robert Whiting 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) Margaret Coon/daughter/Medical Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: FAILURE WEEK the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO CONGESTIVE HEART FAILURG Conditions, If any, which (b) gave rise to Immediate DUE TO ARTERIOSCLEROSCI cause (a), stating the (NKNOWN prior 1 underlying cause last. (c) 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate h PERFORMED? NO V YES PHYSICIAN: this cerum detached fo 20a, ACCIDENT WAS UNDERLYING! 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While After p.m. at work at work DIRECTOR: At age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from 1966 to 46 that (I) (we) last and that death occurred at 950 AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED director, page Should be filed v MED. DIRECTOR STAFF M.D. PHYS. 4 may TO HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Queensbury Road, Riverdale, Md. Houmann. should 1 (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23a. 23c. REMOVAL (Specify) 2 REC'D BY/REGISTRAR EUNERAL DIRECTOR 25b. REGISTRAR'S VR ALS (4) 20M 1/65





	T and the state of		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A service Her	N AR	1	CERTIFICATE OF DEATH
	hours after death. d in by the funeral rs. Pages 1 and 2 thours after death	/ -	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admiss
	after d		Prince George MARYLAND Maryland Prince Geo
	s aff		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town)
	noun I in	-	Landover Hills 3 years Landover Hills, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDED
	24 fillection 72		7006 Taylor Street 7006 Taylor Street YES ☐ NO
	ted within 24 hours after completely filled in by the ive carbon papers. Pages 1 event, within 72 hours after	=	3. NAME OF First Middle Last 4. DATE Month Day Year
	d windle carb		OF OFFICE B. Wilson. DEATH May 30, 1966
	ate be executed hysician and complease remove (all, and in any eve	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 14 EAR) FUNDER 24 Hours Months Days Hours Months Days Hours Months Days Hours Months Days No. 1007
	execunand in and in any	}	WIDOWED X DIVONCED X Feb. 8, 1907 59 yrs.
	licial licial easa and l	4	10a. USUAL OCCUPATION (Glve kind of work done) 10b. K3ND OF BUSINESS OR during most of working life, even if retired) 10b. K3ND OF BUSINESS OR INDUSTRY Welder Machine Shop Kansas 12. CITIZEN OF WHAT COUNTRY? U.S. A.
	phys phys n pi	-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	ertif		Charles Wilson Theresa Pluskota
	then then or r	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
	dea he a peri	-	no 226 26 6981 Nancy L. Reiter Same as #2 (daughter) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1
	PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. This certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please—remove carbon lee Dept. of Health prior to burial, cremation, or removal, and in any event, with	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Composition Heart for long the long of
	that sicia ned al-tra al-tra		// DUE TO
	phy phy sig buri buri		Conditions, if any, which gave rise to immediate (b).
	ding ding beer the or to	1	cause (a), stating the DUE TO
	faw itten has as		underlying cause last.) (c)
	The or a cate	,.	PERFORMED YES NO
	AN: pital priffig d to of H		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	KSIC hos is cé ache ept.		
			Hour a.m. While Not While factory, street, office bidg., etc.)
	OR ATTENDING P be retained by t JIRECTOR: After ge 3 should be d ed with the State		21. I certify that (I) (this hospital) attended the deceased from 3/(//, 1964, to 5/30, 1966, that (I) (we)
	rtain rok: Tok:		saw the deceased alive on 5/18 1966, and that death occurred at J. M., from the causes and on the date stated about
	R A:		22a. SIGNATURE 22b. DATE SIGNED 22c. DATE SIGNED
	AL O nay t nay t ll bl page file	ıΙ	22c, PHYSICIAN'S
	HOSPITAL Page 4 may FUNERAL 6 director, pag		NAME (Type) F. E. Musser 4410 74- and Hydliand
	IO HOSPITAL OR ATTENDI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 5 / 30 / 66 Plilor Funoral Home
	1 1		Removal 5/30/66 Bliley Funeral Home Richmond Va. 25a, REG'D BY REGISTRAR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE
	VR A15 (4)		Francis Gasch's Sons Hyattsville, Md. JUN 3 1966 Charles Judge
	15M 4-64	:	1 Mile

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, leath, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince George's Maryland Pages 1 Prince George's MARYLAND CiTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by 1 ve carbon papers. Page event, within 72 hours/a Š 7 hr. 32 min Cheverly Kentland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 7542 Hawthorne Street YES NO X executed within Middle 4. DATE Month Пач DECEASED Winals 19 1966 May W. (Type or print) Gary DEATH 5. SEX 6. COLOR OR RACE A. DATE OF BIRTH and cor AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED XX last birthday) Months | Days Hours any White May 19, 1966 Male WIDOWED [DIVORCED ["] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate be COUNTRY? Prince George, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Elizabeth Chapman Bernard Joseph Winals 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address trans:t permit. cremation, or r (Yes, no, or unknwn) (If yes nive war or dates of service) Mother as above no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by the burial-trans:to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY for use Health PERFORMED? certificate the hospital or NO T YES [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) detached for the Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work D.M. at work retained should May 19 19 66 to May 19m, 19 66, that (% (we) last 21. I certify that (1) (this hospital) attended the deceased from... DIRECTOR: age 3 should lied with the and that death occurred at 11:20, from the causes and on the date stated above. 66 saw the deceased alive on 19 22a, SIGNATURE 22b. DATE SIGNED am director, page 3 should be filed w MED. ATTENDING M.D. PHYS. 4 may O HOSPITAL FUNERAL PHYSICIAN' 22d. ADDRESS NAME YTYDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF (State) 2 Burial /66 Lincoln Colmar Manor FUNERAL DIRECTOR REC'D BY REGISTRAR Sons 1966 VR A15 (4) Hvattsville, Md. Gasch's 2DM 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 72279 requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Prince Georges
b. CITY OR TOWN (If autside carparote limits, MARYLAND c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) write RURAL and give negrest town) Glenn Dale (rural) B years.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) B vears. 8 dvs Washington d STREET ADDRESS IS RESIDENCE ON A FARM? NO K Glenn Dale Hospital 130 Randolph Place N. campletely fi Middle 3. NAME OF First 4. DATE Day Year DECEASED (Type or print) DEATH Young Doretha May IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH remave lost birthday) Months separated Doys Haurs WIDOWED burial, crematian, or remaval, and in any 4/25/1918 Female Negro
10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Practical Nurse South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hannah Immond Henry Carmichae IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. decedent unknown No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Bronchopneumonia IMMEDIATE CAUSE (0) Page 4 may be retained by the hospital or attending physician. DUF TO Conditions, if ony, which gave rise to immediate cause (a), Polymyositis, etiology undetermined (possible thy rotoxic myopathy; possible myasthenia gravis). DUE TO as the priar to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been Yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use Chronic pyelonephritis; diabetes mellitus. detached far use te Dept. af Health NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 shauld be detache shauld be filed with the State Dept. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) at work of work Ptc 5/2 21. I certify that (1) (this haspital) attended the deceased fram 4/24 saw the deceased plive on 5/2 1966, and that death 1966, that (1) (we) last 19 66, and that death occurred a M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 5/2/66 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M. D. Glenn Dale, Maryland 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) (County) Washington, D. C. Kon Remova 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ROLLING VR A15 (4) 20 M 1/66 4339 Hunt M.,

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Prince Georges MARYLAND c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b à write RURAL and give nearest town) Riverdale 9 1/2 hours Greenbelt Ida . w = stely filled in bon papers. within 72 light d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? 6-B Research Road Eugene Leland Memorial Hospital YES NO X completely i executed within 3. NAME DE DATE Middle Last 4. Month Day Year DECEASED (Type or print) L. Zabriskie DEATH Myron May 1966 AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS. SEX DATE OF BIRTH 6. COLOR OR RACE ! 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours 6-2-1880 WIDOWED Y DIVORCED T Male 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II. BIRT HPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY US Post Office Englewood, New Jersey USA Mail carrier 0 13. FATHER'S NAME MOTHER'S MAIDEN NAME Then certifica 늅 igned by the attending prival-transit permit. Then rial, cremation, or remov John B. Zabriskie Melissa Haring 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Maryland (Yes, no, or unkown) (If yes give war or dates of service) Riverdal Unknown Howard Zabriskie. INTERVAL BETWEEN ONSET AND DEATH CAUSE DF DEATH [Enter only one cause, per-line for (a), PART I. DEATH WAS CAUSED BY. **OR ATTENDING PHYSICIAN:** The law requires that ti be retained by the hospital or attending physician. been signed the burial-transfer to burial, cre IMMEDIATE CAUSE (a) DUE TO Cenditions. If any, which gave rise to Immediate cause (a), stating the as th underlying cause last, WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate his hed for use to f Health p PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certifidetached for Dept. of I MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) After this be detailed a State D factory, street, office bldg., etc.) Hour a.m. Not While at work at work DIRECTOR: At age 3 should I lied with the S 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 and that death occurred at M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. Page 4 may Ba FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town pr county) BERGENFIELD, NEW JERSE REMOVAL (Specify) 2 o. Lhurch REC'D BY REGISTRAR FUNERAL DIRECTOR 25b. VR A15 (4) 20M 1/65

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